

ORD INFORMATION  
RESOURCE CENTER, HCFA

# MEDICARE / MEDICAID NURSING HOME INFORMATION

OREGON



U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

87/88





RA997  
.M43  
1988  
Oregon

# **MEDICARE/MEDICAID NURSING HOME INFORMATION**

**1987-1988**

**OREGON**

Otis R. Bowen, M.D.  
Secretary  
U.S. Department of Health & Human Services

William L. Roper, M.D.  
Administrator  
Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

## Table of Contents

	Page
Introduction .....	I
Uses and Limitations .....	II
Description of the Survey and Certification Process .....	IV
Sources of Information .....	V
Further Considerations .....	XVII
Glossary of Terms .....	XX
How to Read the Information .....	XXII
Nursing Home Profiles .....	1







## INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

A handwritten signature in cursive script, reading "William L. Roper".

William L. Roper, M.D.  
Administrator

## USES AND LIMITATIONS

### Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.



## Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

## DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

## **SOURCES OF INFORMATION**

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

### **Public and General Sources**

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

### **State Government**

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.





*Department of Human Resources*

## SENIOR SERVICES DIVISION

313 PUBLIC SERVICE BUILDING, SALEM, OREGON 97310 PHONE 503-378-4728 (TTY)

### Overview of Nursing Home Licensure Program

Any facility identified as a nursing home under Oregon Administrative Rules must be licensed at the time the business is established and every year thereafter. A nursing home must be licensed to operate as well as to receive federal Medicare or Medicaid monies or state funds.

Senior Services Division, State of Oregon, has the responsibility, under state law, to inspect nursing homes for licensure, to enforce state rules governing licensure of nursing homes, and to issue licenses to nursing homes.

Division personnel, comprised of registered nurses, social workers, registered sanitarians and dietitians, carry out the unannounced licensing inspections on-site. Licensing inspections are required annually, but may occur more often if indicated. Nursing homes, by rule, must post the most current inspection reports. Inspection staff have the responsibility and authority to recommend licensure or to recommend denial or revocation of the license to the Division. Recommendations are based on inspection findings relating to the nursing home's compliance with state rules as well as the quality of life and quality of care to the residents of the nursing home.

### Overview of Enforcement System

Senior Services Division, State of Oregon, enforces nursing home licensing requirements through the Division's corrective action process. This process is used to clarify expectations or provide directives to the nursing home provider or to issue sanctions. The severity of the enforcement actions are determined by the Division's Corrective Action Committee. The determinations of the committee are then subject to approval by Division management. Corrective action decisions are based on a hierarchy of sanctions which are reflective of a progressive discipline philosophy and Division criteria for application of the enforcement action. Licensing enforcement actions include warning letters, civil penalties, restriction of admissions, trusteeship or revocation of the license. When enforcement actions are taken, nursing home providers have the right to appeal. Nursing homes who have had sanctions applied are monitored by the Division inspection personnel to ensure correction and compliance.



*Department of Human Resources*  
**SENIOR SERVICES DIVISION**

313 PUBLIC SERVICE BUILDING, SALEM, OREGON 97310 PHONE 503-378-4728 (TTY)

Resources Available to Consumers

Senior Services Division, State of Oregon, 313 Public Service Building, Salem, OR 97310, (503) 378-4728.

Senior Services Division is the State Unit on Aging and the State Long Term Care Medicaid agency. The Division's responsibilities include promulgation of state licensing rules for nursing homes; inspections; and enforcement of federal and state statutes, regulations, and rules governing nursing homes, nursing home complaint coordination, and issuance of nursing home licenses, agreements, and contracts.

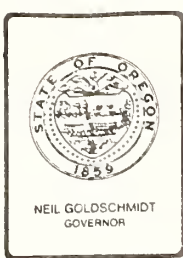
Division state office contacts:

- Nursing Home Licensing Rule Interpretation  
-- Holly Berman (503) 378-3751
- Nursing Home Licensing Rules Distribution  
-- Darlene Loyd (503) 378-3751
- Corrective Action Coordinator  
-- Dale Shepardson (503) 378-3751
- Nursing Home Complaint Coordinator  
-- Aileen Kaye (503) 378-3751
- Nursing Home License Issuance  
-- Dexter Henderson (503) 378-6087
- Nursing Home Inspections  
-- D.J. Kramer (503) 373-7163

Long Term Care Ombudsman Program

The Office of the Long Term Care Ombudsman responsibilities are carried out on a state-wide basis by a central office staff and trained and certified volunteer Ombudsmen. By state law, this function is separate and independent from any other state agency. The duties of the Office of the Long Term Care Ombudsman include complaint investigation, monitoring government policies and actions that affect residents, protection and promotion of resident rights and resident advocacy. The Ombudsmen serve residents of nursing homes, residential care facilities, and adult foster homes.

AN EQUAL OPPORTUNITY EMPLOYER



*Department of Human Resources*

**SENIOR SERVICES DIVISION**

313 PUBLIC SERVICE BUILDING, SALEM, OREGON 97310 PHONE 503-378-4728 (TTY)

- Nursing Home Complaint Units

The local offices of Senior Services Division Units or Area Agencies on Aging respond to complaints about nursing home resident care. The unit conducts an on-site visit, contacts all persons involved, and writes an investigative report. They then forward the report to the Senior Services Division, Program Assistance Section for filing and possible corrective action. The contact numbers are as follows:

Albany AAA  
P.O. Box 1836  
Albany, OR 97321  
Telephone: (503) 967-2090

Dallas AAA  
P.O. Box 89  
Dallas, OR 97338  
Telephone: (503) 623-2301

Astoria AAA  
P.O. Box 625  
Astoria, OR 97103  
Telephone: (503) 325-4543

East Portland AAA  
P.O. Box 14766  
Portland, OR 97214  
Telephone: (503) 248-5480

Baker SSD Unit  
P.O. Box 229  
Baker, OR 97814  
Telephone: (503) 523-5846

Enterprise SSD Unit  
P.O. Box 180  
Enterprise, OR 97828  
Telephone: (503) 426-3155

Bend SSD Unit  
P.O. Box 7396  
Bend, OR 97708  
Telephone: (503) 388-6036

Eugene AAA  
P.O. Box 11336  
Eugene, OR 97440  
Telephone: (503) 687-4440

Burns SSD Unit  
17 South Alder  
Burns, OR 97720  
Telephone: (503) 573-2691

Florence AAA  
P.O. Box U  
Florence, OR 97439  
Telephone: (503) 997-8251

Central Point AAA  
P.O. Box 3547  
Central Point, OR 97502  
Telephone: (503) 776-6222

Gold Beach SSD Unit  
P.O. Box 1186  
Gold Beach, OR 97444  
Telephone: (503) 247-4515

Clackamas AAA  
807 Main Street  
Oregon City, OR 97045  
Telephone: (503) 655-8640

Grants Pass AAA  
P.O. Box 1208  
Grants Pass, OR 97526  
Telephone: (503) 474-3110

Coos Bay SSD Unit  
P.O. Box 240  
Coos Bay, OR 97420  
Telephone: (503) 269-4570 or  
(503) 756-2017

Hillsboro AAA  
P.O. Box 1297  
Hillsboro, OR 97123  
Telephone: (503) 640-3489

AN EQUAL OPPORTUNITY EMPLOYER





*Department of Human Resources*  
**SENIOR SERVICES DIVISION**

313 PUBLIC SERVICE BUILDING, SALEM, OREGON 97310 PHONE 503-378-4728 (TTY)

After business hours and on weekends, emergency complaints may be called to the local law enforcement agency or the Oregon State Police.

- Medicaid Fraud Unit

The Medicaid Fraud Unit of the Department of Justice investigates complaints of misuse of patients' funds, inflated bills, double-billing, and other types of Medicaid provider fraud. They also assess criminal components of some physical abuse complaints. The contact person is: Janine Robben, Attorney, (503) 229-5725.

- Sources for Obtaining Nursing Home Survey Results

- Nursing Homes -- For licensing survey reports.
- Contracts Unit, Senior Services Division -- For licensing and certification, survey reports, and inspection of care reports.

Address: 313 Public Service Building  
Salem, OR 97310

Telephone: (503) 378-6087

- Client Care Monitoring Unit Offices, Senior Services Division

- Eugene CCMU, SSD  
1045 Gateway Loop, Suite A  
Springfield, OR 97477  
Telephone: (503) 726-5704
- La Grande CCMU, SSD  
1609 Albany Street, Units 8 & 9  
La Grande, OR 97850  
Telephone: (503) 963-8245
- Medford CCMU, SSD  
724 South Central Street, Room 215  
Medford, OR 97501  
Telephone: (503) 776-6086
- Wilsonville CCMU, SSD  
30470 SW Parkway, Suite C  
Wilsonville, OR 97070  
Telephone: (503) 682-2427

AN EQUAL OPPORTUNITY EMPLOYER



*Department of Human Resources*  
**SENIOR SERVICES DIVISION**

313 PUBLIC SERVICE BUILDING, SALEM, OREGON 97310 PHONE 503-378-4728 (TTY)

Hood River AAA  
P.O. Box 685  
Hood River, OR 97031  
Telephone: (503) 386-3199

John Day AAA  
530 East Main  
John Day, OR 97845  
Telephone: (503) 575-0251

Klamath Falls SSD Unit  
P.O. Box 1660  
Klamath Falls, OR 97601  
Telephone: (503) 883-5551

La Grande SSD Unit  
P.O. Box 1065  
La Grande, OR 97850  
Telephone: (503) 963-7276

McMinnville AAA  
P.O. Box 866  
McMinnville, OR 97128  
Telephone: (503) 472-9441

NE Portland AAA  
P.O. Box 12070  
Portland, OR 97212  
Telephone: (503) 248-5470

Newport AAA  
101 NE Eads  
Newport, OR 97365  
Telephone: (503) 265-7719

Ontario SSD Unit  
2449 SW 4th Avenue, Room 201  
Ontario, OR 97914  
Telephone: (503) 889-7553

Pendleton AAA  
P.O. Box 1207  
Pendleton, OR 97801  
Telephone: (503) 276-6732

Roseburg AAA  
621 West Madrone Street  
Roseburg, OR 97470  
Telephone: (503) 440-3580

Salem AAA  
410 Senator Building  
220 High Street NE  
Salem, OR 97301  
Telephone: (503) 371-1313

SE Portland AAA  
P.O. Box 14766  
Portland, OR 97214  
Telephone: (503) 233-5000

St. Helens SSD Unit  
P.O. Box 927  
St. Helens, OR 97051  
Telephone: (503) 397-5863

Tillamook AAA  
3600 East Third  
Tillamook, OR 97141  
Telephone: (503) 842-4221

The Dalles AAA  
P.O. Box 988  
The Dalles, OR 97058  
Telephone: (503) 298-4114

West Portland AAA  
P.O. Box 2707  
Portland, OR 97208  
Telephone: (503) 248-5460

Woodburn AAA  
P.O. Box 297  
Woodburn, OR 97071  
Telephone: (503) 981-5138

The above offices may also be contacted for referral to legal services.

AN EQUAL OPPORTUNITY EMPLOYER



*Department of Human Resources*  
**SENIOR SERVICES DIVISION**

313 PUBLIC SERVICE BUILDING, SALEM, OREGON 97310 PHONE 503-378-4728 (TTY)

- State Unit on Aging
  - Senior Services Division  
313 Public Service Building  
Salem, OR 97310  
Telephone: (503) 378-4728
- Other State Programs Related to Nursing Home Quality of Care  
(Available through contractual agreement with Senior Services Division.)
  - Oregon Medical Professional Review Organization  
  
Provides medical review of nursing home residents who receive Medicare or Medicaid skilled level of care services in nursing homes.  
  
Address: 1220 SW Morrison, Suite 300  
Portland, OR 97205  
Telephone: (503) 243-1151

AN EQUAL OPPORTUNITY EMPLOYER

## **Federal Government**

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

### **Office of the Inspector General (OIG)**

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

### **Administration on Aging (AoA)**

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

## AoA Regional Offices

Regional Program Director, AoA  
DHHS Region I  
Room 2011  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1158

Regional Program Director, AoA  
DHHS Region III  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-0334

Regional Program Director, AoA  
DHHS Region V  
13th Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-3141

Regional Program Director, AoA  
DHHS Region VII  
Room 384  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-2955

Regional Program Director, AoA  
DHHS Region IX  
Room 480  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-6003

Regional Program Director, AoA  
DHHS Region II  
Room 4149  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3472

Regional Program Director, AoA  
DHHS Region IV  
Suite 903  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-5900

Regional Program Director, AoA  
DHHS Region VI  
Room 1000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-2971

Regional Program Director, AoA  
DHHS Region VIII  
Room 1185  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2951

Regional Program Director, AoA  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-5341



## Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

### OCR Regional Offices

Director, OCR  
DHHS Region I  
Room 2403  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1340

Director, OCR  
DHHS Region III  
Room 6300  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-1262

Director, OCR  
DHHS Region V  
33rd Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-2520

Director, OCR  
DHHS Region VII  
Room 248  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-7277

Director, OCR  
DHHS Region IX  
Room 322  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-8586

Director, OCR  
DHHS Region II  
Room 3312  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3313

Director, OCR  
DHHS Region IV  
Room 1502  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2779

Director, OCR  
DHHS Region VI  
Room 1360  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-4056

Director, OCR  
DHHS Region VIII  
Room 844  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2024

Director, OCR  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0473

## Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

### HCFA Regional Offices

Associate Regional Administrator  
DHHS Region I, HCFA  
Division of Health Standards and Quality  
Room 1309  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1331

Associate Regional Administrator  
DHHS Region III, HCFA  
Division of Health Standards and Quality  
3535 Market Street  
P.O. Box 7760  
Philadelphia, PA 19101  
(215) 596-0997

Associate Regional Administrator  
DHHS Region V, HCFA  
Division of Health Standards and Quality  
Room 941  
175 West Jackson Boulevard  
Chicago, IL 60604  
(312) 353-9804

Associate Regional Administrator  
DHHS Region VII, HCFA  
Division of Health Standards and Quality  
Room 284  
601 East 12th Street  
Kansas City, MO 64106  
(816) 374-2408

Associate Regional Administrator  
DHHS Region IX, HCFA  
Division of Health Standards and Quality  
100 Van Ness Avenue  
San Francisco, CA 94102  
(415) 556-0041

Associate Regional Administrator  
DHHS Region II, HCFA  
Division of Health Standards and Quality  
Room 3821  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3219

Associate Regional Administrator  
DHHS Region IV, HCFA  
Division of Health Standards and Quality  
Suite 601  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2488

Associate Regional Administrator  
DHHS Region VI, HCFA  
Division of Health Standards and Quality  
Room 2000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-6301

Associate Regional Administrator  
DHHS Region VIII, HCFA  
Division of Health Standards and Quality  
Room 1194  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-4721

Associate Regional Administrator  
DHHS Region X, HCFA  
Division of Health Standards and Quality  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,  
New Hampshire, Rhode Island, and  
Vermont

Region III/Philadelphia

Delaware, District of Columbia,  
Maryland, Pennsylvania, Virginia,  
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,  
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and  
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,  
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,  
Puerto Rico, and  
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,  
Kentucky, Mississippi,  
North Carolina, South Carolina,  
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,  
New Mexico, Oklahoma, and  
Texas

Region VIII/Denver

Colorado, Montana,  
North Dakota, South Dakota,  
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,  
and Washington

## FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

### General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?



## **Physical Environment**

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

## **Medical and Nursing Services**

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

## **Food**

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

### **Social Services and Activities**

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

## GLOSSARY OF TERMS

### **Resident Characteristics and Facility Performance Indicators**

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

**Bed Sore.** A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

**Catheter.** See **Urinary Catheter.**

**Colostomy or Ileostomy.** A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

**Fluids Supplied Through Tubes.** A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

**Incompetent.** A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

**Injections.** Medicine given by inserting a needle into muscle or tissue.

**Isolation Techniques.** These are methods to ensure that infection does not spread from one part of a resident’s body to another, or from one resident to another.

**Rehabilitative Bowel and Bladder Training.** A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

**Respiratory Care.** A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

**Restraints.** Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident’s physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

**Skin Breakdown.** When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

**Suctioning.** A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

**Tracheotomy Care.** A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

**Transferring.** This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

**Urinary Catheter.** A tube inserted into the bladder to remove urine.



## HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

### EXAMPLE

#### NURSING HOME PROFILE Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

**Name:** Self-explanatory  
**Street Address:** Self-explanatory  
**City and State:** Self-explanatory

**Participation:** The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

**Skilled Nursing Facility (SNF)**—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

**Intermediate Care Facility (ICF)**—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

**Number of Beds:** This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are “private;” these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

**Type of Ownership:** This block describes the type of organization that operates the nursing home. These include:

**Non-profit-religious**—A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

**Non-profit-private**—A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

**Non-profit-other**—A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

**Proprietary**—A nursing home operated for profit.

**Government**—A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

**Survey Date:** The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

## EXAMPLE

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1—Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2—Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3—State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4—Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

## EXAMPLE

### SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

*Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1—Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2—State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3—State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4—Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5—Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.



## NURSING HOME PROFILE ALBANY CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
805 E NINETEENTH		ALBANY OR 97321	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	92	PROPRIETARY	08/22/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
67	0	53			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	65	97.0	88.9	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	62	92.5	88.4	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	59	88.1	80.6	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	94.0	77.8	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	47	70.1	76.3	59.1	
Residents on individually written bowel and bladder retraining program.	1	1.5	4.1	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	32	47.8	35.8	29.3	
Completely bedfast residents.	3	4.5	3.0	3.6	
Residents confined to chairs.	37	55.2	58.6	39.1	
Residents requiring restraints.	50	74.6	48.8	31.7	
Confused or disoriented residents.	63	94.0	68.5	55.8	
Residents with bed sores.	3	4.5	8.4	4.7	
Residents receiving special skin care.	66	98.5	39.0	24.0	



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LINN CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1023 W SIXTH AVE		ALBANY OR 97321	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	114	PROPRIETARY	02/26/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
101	4	71			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.	67	66.3	89.3	81.5	
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.	92	91.1	89.0	83.2	
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.	89	88.1	85.2	73.8	
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	100	87.1	77.2	
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.	77	76.2	78.1	68.2	
Residents on individually written bowel and bladder retraining program.	7	6.9	5.3	4.6	
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.	40	39.6	44.0	37.7	
<b>Completely bedfast residents.</b>	18	17.8	4.9	3.4	
<b>Residents confined to chairs.</b>	48	47.5	60.1	50.8	
<b>Residents requiring restraints.</b>	40	39.6	52.3	41.3	
<b>Confused or disoriented residents.</b>	58	57.4	62.2	58.4	
<b>Residents with bed sores.</b>	7	6.9	8.5	7.1	
<b>Residents receiving special skin care.</b>	21	20.8	33.5	31.2	



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	12.7	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MENNONITE HOME

<b>Street Address:</b> 5353 COLUMBUS ST SE		<b>City and State:</b> ALBANY OR 97321	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 95	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 11/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 91	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 91
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	67	73.6	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	91	100	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	91	100	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	98.9	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	89	97.8	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	77	84.6	58.6	39.1
<b>Residents requiring restraints.</b>	60	65.9	48.8	31.7
<b>Confused or disoriented residents.</b>	82	90.1	68.5	55.8
<b>Residents with bed sores.</b>	4	4.4	8.4	4.7
<b>Residents receiving special skin care.</b>	65	71.4	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LINDA VISTA CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
135 MAPLE STREET		ASHLAND OR 97520	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	83	PROPRIETARY	08/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
50	0	28	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	98.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	49	98.0	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	14	28.0	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	74.0	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	72.0	76.3	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	46.0	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	17	34.0	58.6	39.1
<b>Residents requiring restraints.</b>	24	48.0	48.8	31.7
<b>Confused or disoriented residents.</b>	16	32.0	68.5	55.8
<b>Residents with bed sores.</b>	0	0.0	8.4	4.7
<b>Residents receiving special skin care.</b>	11	22.0	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE CLATSOP CARE & REHAB CENTER

<b>Street Address:</b> 646 SIXTEENTH ST		<b>City and State:</b> ASTORIA OR 97103	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 30	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 07/24/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 29	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 8	
--	---------------------------------	---------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	27	93.1	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	28	96.6	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	89.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	100	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	19	65.5	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	31.0	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	13	44.8	60.1	50.8
<b>Residents requiring restraints.</b>	5	17.2	52.3	41.3
<b>Confused or disoriented residents.</b>	11	37.9	62.2	58.4
<b>Residents with bed sores.</b>	2	6.9	8.5	7.1
<b>Residents receiving special skin care.</b>	29	100	33.5	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE OREGON HEALTH CARE CENTER-CRESTVIEW

<b>Street Address:</b> 263 W EXCHANGE		<b>City and State:</b> ASTORIA OR 97103	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 82	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 64	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 40		
--	---------------------------------	----------------------------------	--	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	64	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	93.8	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	56	87.5	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	85.9	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	64.1	76.3	59.1
Residents on individually written bowel and bladder retraining program.	7	10.9	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	20.3	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	23	35.9	58.6	39.1
<b>Residents requiring restraints.</b>	37	57.8	48.8	31.7
<b>Confused or disoriented residents.</b>	46	71.9	68.5	55.8
<b>Residents with bed sores.</b>	3	4.7	8.4	4.7
<b>Residents receiving special skin care.</b>	25	39.1	39.0	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	8	7.8	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE L AND M CEDAR MANOR

<b>Street Address:</b> 4000 CEDAR STREET		<b>City and State:</b> BAKER OR 97814	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 54	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 32	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 20		
--	---------------------------------	----------------------------------	--	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	24	75.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	24	75.0	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	22	68.8	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	62.5	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	22	68.8	76.3	59.1
Residents on individually written bowel and bladder retraining program.	2	6.3	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	18.8	35.8	29.3
<b>Completely bedfast residents.</b>	1	3.1	3.0	3.6
<b>Residents confined to chairs.</b>	8	25.0	58.6	39.1
<b>Residents requiring restraints.</b>	16	50.0	48.8	31.7
<b>Confused or disoriented residents.</b>	12	37.5	68.5	55.8
<b>Residents with bed sores.</b>	4	12.5	8.4	4.7
<b>Residents receiving special skin care.</b>	32	100	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	8	7.8	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ST ELIZABETH NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
2365 FOURTH ST		BAKER OR 97814	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	80	NON-PROFIT OTHER	03/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
69	0	32

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	67	97.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	59	85.5	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	45	65.2	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	76.8	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	56.5	76.3	59.1
Residents on individually written bowel and bladder retraining program.	5	7.2	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	26.1	35.8	29.3
<b>Completely bedfast residents.</b>	4	5.8	3.0	3.6
<b>Residents confined to chairs.</b>	46	66.7	58.6	39.1
<b>Residents requiring restraints.</b>	29	42.0	48.8	31.7
<b>Confused or disoriented residents.</b>	41	59.4	68.5	55.8
<b>Residents with bed sores.</b>	8	11.6	8.4	4.7
<b>Residents receiving special skin care.</b>	13	18.8	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE OCEAN VIEW CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2790 BEACH LOOP ROAD		BANDON OR 97411	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	37	PROPRIETARY	11/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
36	0	35

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	32	88.9	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	34	94.4	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	97.2	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	97.2	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	100	76.3	59.1
Residents on individually written bowel and bladder retraining program.	2	5.6	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	63.9	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	32	88.9	58.6	39.1
<b>Residents requiring restraints.</b>	30	83.3	48.8	31.7
<b>Confused or disoriented residents.</b>	29	80.6	68.5	55.8
<b>Residents with bed sores.</b>	1	2.8	8.4	4.7
<b>Residents receiving special skin care.</b>	20	55.6	39.0	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE HYLAND HILLS CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
11850 SW ALLEN BLVD		BEAVERTON OR 97005	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	104	PROPRIETARY	05/24/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
83		0		51	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		75	90.4	88.9	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		82	98.8	88.4	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		69	83.1	80.6	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		66	79.5	77.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		69	83.1	76.3	59.1
Residents on individually written bowel and bladder retraining program.		2	2.4	4.1	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		49	59.0	35.8	29.3
<b>Completely bedfast residents.</b>		2	2.4	3.0	3.6
<b>Residents confined to chairs.</b>		72	86.7	58.6	39.1
<b>Residents requiring restraints.</b>		45	54.2	48.8	31.7
<b>Confused or disoriented residents.</b>		63	75.9	68.5	55.8
<b>Residents with bed sores.</b>		11	13.3	8.4	4.7
<b>Residents receiving special skin care.</b>		54	65.1	39.0	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MARYVILLE NURSING HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
14645 SW FARMINGTON RD		BEAVERTON OR 97005	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	137	NON-PROFIT OTHER	12/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
137	0	23		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		129	94.2	89.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		121	88.3	89.0
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		106	77.4	85.2
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		104	75.9	87.1
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		111	81.0	78.1
Residents on individually written bowel and bladder retraining program.		12	8.8	5.3
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		64	46.7	44.0
<b>Completely bedfast residents.</b>		1	0.7	4.9
<b>Residents confined to chairs.</b>		99	72.3	60.1
<b>Residents requiring restraints.</b>		66	48.2	52.3
<b>Confused or disoriented residents.</b>		91	66.4	62.2
<b>Residents with bed sores.</b>		3	2.2	8.5
<b>Residents receiving special skin care.</b>		126	92.0	33.5

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BACHELOR BUTTE NURSING CENTER

<b>Street Address:</b> 119 NE WILSON AVE		<b>City and State:</b> BEND OR 97701	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 87	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 80	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 80
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	76	95.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	95.0	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	61	76.2	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	76.2	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	76.2	76.3	59.1
Residents on individually written bowel and bladder retraining program.	5	6.3	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	56.3	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	55	68.8	58.6	39.1
<b>Residents requiring restraints.</b>	60	75.0	48.8	31.7
<b>Confused or disoriented residents.</b>	67	83.7	68.5	55.8
<b>Residents with bed sores.</b>	18	22.5	8.4	4.7
<b>Residents receiving special skin care.</b>	80	100	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CENTRAL OREGON HEALTH CARE CENTER

<b>Street Address:</b> 1876 N E HIGHWAY 20		<b>City and State:</b> BEND OR 97701	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 91	<b>Medicare Residents:</b> 7	<b>Medicaid Residents:</b> 54	
--	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	88	96.7	89.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	83	91.2	89.0	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	82	90.1	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	79.1	87.1	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	75	82.4	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	33	36.3	44.0	37.7
<b>Completely bedfast residents.</b>	1	1.1	4.9	3.4
<b>Residents confined to chairs.</b>	63	69.2	60.1	50.8
<b>Residents requiring restraints.</b>	57	62.6	52.3	41.3
<b>Confused or disoriented residents.</b>	65	71.4	62.2	58.4
<b>Residents with bed sores.</b>	10	11.0	8.5	7.1
<b>Residents receiving special skin care.</b>	34	37.4	33.5	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CURRY GOOD SAMARITAN CENTER

<b>Street Address:</b>		<b>City and State:</b>	
PARK AVE (P O BOX 1217)		BROOKINGS OR 97415	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	71	NON-PROFIT OTHER	05/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
63	0	37

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	63	100	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	98.4	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	85.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	85.7	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	88.9	78.1	68.2
Residents on individually written bowel and bladder retraining program.	2	3.2	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	30.2	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	44	69.8	60.1	50.8
<b>Residents requiring restraints.</b>	44	69.8	52.3	41.3
<b>Confused or disoriented residents.</b>	49	77.8	62.2	58.4
<b>Residents with bed sores.</b>	8	12.7	8.5	7.1
<b>Residents receiving special skin care.</b>	15	23.8	33.5	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BURNS NURSING HOME

<b>Street Address:</b> 348 W ADAMS		<b>City and State:</b> BURNS OR 97720	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 40	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 03/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 35	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 25
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	20	57.1	88.9	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	22	62.9	88.4	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	17	48.6	80.6	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	60.0	77.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	12	34.3	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	9	25.7	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	18	51.4	58.6	39.1
<b>Residents requiring restraints.</b>	4	11.4	48.8	31.7
<b>Confused or disoriented residents.</b>	10	28.6	68.5	55.8
<b>Residents with bed sores.</b>	0	0.0	8.4	4.7
<b>Residents receiving special skin care.</b>	4	11.4	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%

MET	1	1.0	255	4.7
-----	---	-----	-----	-----

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

MET	38	37.3	748	13.7
-----	----	------	-----	------

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

MET	12	11.8	601	11.0
-----	----	------	-----	------

Drugs are administered according to the written orders of the attending physician.

MET	24	23.5	1385	25.3
-----	----	------	------	------

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

MET	10	9.8	1045	19.1
-----	----	-----	------	------

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

MET	4	3.9	269	4.9
-----	---	-----	-----	-----

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

MET	12	11.8	311	5.7
-----	----	------	-----	-----

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

MET	20	19.6	481	8.8
-----	----	------	-----	-----

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

MET	13	12.7	479	8.8
-----	----	------	-----	-----

Toilet and bath facilities are clean, sanitary, and free of odors.

NOT MET	36	35.3	1064	19.4
---------	----	------	------	------

All common resident areas are clean, sanitary and free of odors.

NOT MET	30	29.4	1169	21.4
---------	----	------	------	------

All essential mechanical and electrical equipment is maintained in safe operating condition.

MET	0	0.0	0	0.0
-----	---	-----	---	-----

Resident care equipment is clean and maintained in safe operating condition.

MET	0	0.0	0	0.0
-----	---	-----	---	-----

Isolation techniques to prevent the spread of infection are followed by all personnel.

MET	0	0.0	0	0.0
-----	---	-----	---	-----

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

MET	3	2.9	267	4.9
-----	---	-----	-----	-----

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

NOT MET	57	55.9	2452	44.8
---------	----	------	------	------

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CANBY CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
390 NW SECOND AVE		CANBY OR 97013	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	48	PROPRIETARY	08/14/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
42	0	42			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	38	90.5	88.9	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	37	88.1	88.4	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	33	78.6	80.6	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	78.6	77.8	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	35	83.3	76.3	59.1	
Residents on individually written bowel and bladder retraining program.	25	59.5	4.1	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	15	35.7	35.8	29.3	
Completely bedfast residents.	3	7.1	3.0	3.6	
Residents confined to chairs.	25	59.5	58.6	39.1	
Residents requiring restraints.	25	59.5	48.8	31.7	
Confused or disoriented residents.	23	54.8	68.5	55.8	
Residents with bed sores.	3	7.1	8.4	4.7	
Residents receiving special skin care.	9	21.4	39.0	24.0	

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ELMHURST NURSING HOME

<b>Street Address:</b>  1105 SOUTH ELM ST		<b>City and State:</b>  CANBY OR 97013	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  43	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  08/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  42	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  22	
--	-------------------------------------	--------------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	92.9	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	40	95.2	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	37	88.1	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	81.0	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	88.1	76.3	59.1
Residents on individually written bowel and bladder retraining program.	4	9.5	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	21.4	35.8	29.3
<b>Completely bedfast residents.</b>	1	2.4	3.0	3.6
<b>Residents confined to chairs.</b>	20	47.6	58.6	39.1
<b>Residents requiring restraints.</b>	16	38.1	48.8	31.7
<b>Confused or disoriented residents.</b>	19	45.2	68.5	55.8
<b>Residents with bed sores.</b>	2	4.8	8.4	4.7
<b>Residents receiving special skin care.</b>	22	52.4	39.0	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CENTRAL POINT CARE

<b>Street Address:</b> 155 SOUTH 1ST STREET		<b>City and State:</b> CENTRAL POINT OR 97502	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 33	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 32	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 26		
--	---------------------------------	----------------------------------	--	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	32	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	31	96.9	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	84.4	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	84.4	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	96.9	76.3	59.1
Residents on individually written bowel and bladder retraining program.	1	3.1	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	15.6	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	26	81.3	58.6	39.1
<b>Residents requiring restraints.</b>	26	81.3	48.8	31.7
<b>Confused or disoriented residents.</b>	20	62.5	68.5	55.8
<b>Residents with bed sores.</b>	0	0.0	8.4	4.7
<b>Residents receiving special skin care.</b>	21	65.6	39.0	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COLTON CARE CENTER

<b>Street Address:</b> 29872 S HULT ROAD		<b>City and State:</b> COLTON OR 97017	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 32	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 30	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 18		
--	---------------------------------	----------------------------------	--	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	27	90.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	28	93.3	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	90.0	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	86.7	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	86.7	76.3	59.1
Residents on individually written bowel and bladder retraining program.	12	40.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	46.7	35.8	29.3
<b>Completely bedfast residents.</b>	3	10.0	3.0	3.6
<b>Residents confined to chairs.</b>	18	60.0	58.6	39.1
<b>Residents requiring restraints.</b>	12	40.0	48.8	31.7
<b>Confused or disoriented residents.</b>	11	36.7	68.5	55.8
<b>Residents with bed sores.</b>	5	16.7	8.4	4.7
<b>Residents receiving special skin care.</b>	16	53.3	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HEARTHSIDE CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2625 KOOS BAY BOULEVARD		COOS BAY OR 97420	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	92	PROPRIETARY	10/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
86	0	71		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	72.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	67	77.9	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	74.4	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	74.4	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	88.4	76.3	59.1
Residents on individually written bowel and bladder retraining program.	6	7.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	38.4	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	60	69.8	58.6	39.1
<b>Residents requiring restraints.</b>	42	48.8	48.8	31.7
<b>Confused or disoriented residents.</b>	71	82.6	68.5	55.8
<b>Residents with bed sores.</b>	6	7.0	8.4	4.7
<b>Residents receiving special skin care.</b>	35	40.7	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LIFE CARE CENTER OF COOS BAY

<b>Street Address:</b>  2890 OCEAN BLVD		<b>City and State:</b>  COOS BAY OR 97420	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  114	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  09/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  99	<b>Medicare Residents:</b>  5	<b>Medicaid Residents:</b>  61	
--	-------------------------------------	--------------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	96	97.0	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	78	78.8	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	68.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	61.6	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	54.5	78.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	23.2	44.0	37.7
<b>Completely bedfast residents.</b>	6	6.1	4.9	3.4
<b>Residents confined to chairs.</b>	53	53.5	60.1	50.8
<b>Residents requiring restraints.</b>	37	37.4	52.3	41.3
<b>Confused or disoriented residents.</b>	60	60.6	62.2	58.4
<b>Residents with bed sores.</b>	5	5.1	8.5	7.1
<b>Residents receiving special skin care.</b>	3	3.0	33.5	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COQUILLE CARE CENTER

<b>Street Address:</b> FAIRVIEW ROUTE, BOX 5610		<b>City and State:</b> COQUILLE OR 97423	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 37	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 32	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 24	
--	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	32	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	31	96.9	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	87.5	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	90.6	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	81.3	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	43.8	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	15	46.9	58.6	39.1
<b>Residents requiring restraints.</b>	18	56.3	48.8	31.7
<b>Confused or disoriented residents.</b>	22	68.8	68.5	55.8
<b>Residents with bed sores.</b>	2	6.3	8.4	4.7
<b>Residents receiving special skin care.</b>	32	100	39.0	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CORVALLIS CARE CENTER

<b>Street Address:</b> 980 NW SPRUCE ST		<b>City and State:</b> CORVALLIS OR 97330	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 84	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 77	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 49
--	---------------------------------	----------------------------------

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b> Residents requiring some or total assistance in bathing.	67	87.0	89.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	71	92.2	89.0	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	70	90.9	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	89.6	87.1	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	66	85.7	78.1	68.2
Residents on individually written bowel and bladder retraining program.	8	10.4	5.3	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	26	33.8	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	47	61.0	60.1	50.8
<b>Residents requiring restraints.</b>	43	55.8	52.3	41.3
<b>Confused or disoriented residents.</b>	49	63.6	62.2	58.4
<b>Residents with bed sores.</b>	5	6.5	8.5	7.1
<b>Residents receiving special skin care.</b>	22	28.6	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CORVALLIS MANOR NURSING HOME

<b>Street Address:</b> 160 N E CONIFER AVE		<b>City and State:</b> CORVALLIS OR 97330	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 134	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 103	<b>Medicare Residents:</b> 6	<b>Medicaid Residents:</b> 67		
---	---------------------------------	----------------------------------	--	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	102	99.0	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	100	97.1	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	91.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	90.3	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	79	76.7	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	29.1	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	39	37.9	60.1	50.8
<b>Residents requiring restraints.</b>	54	52.4	52.3	41.3
<b>Confused or disoriented residents.</b>	58	56.3	62.2	58.4
<b>Residents with bed sores.</b>	12	11.7	8.5	7.1
<b>Residents receiving special skin care.</b>	75	72.8	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HEART OF THE VALLEY

<b>Street Address:</b> 2750 N.W. HARRISON		<b>City and State:</b> CORVALLIS OR 97330	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 72	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 61		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 14			
				FACILITY		STATE	NATION
				#	%	%	%
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				57	93.4	88.9	78.3
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				60	98.4	88.4	76.7
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				54	88.5	80.6	63.4
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				55	90.2	77.8	66.0
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				48	78.7	76.3	59.1
Residents on individually written bowel and bladder retraining program.				9	14.8	4.1	6.1
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				22	36.1	35.8	29.3
<b>Completely bedfast residents.</b>				5	8.2	3.0	3.6
<b>Residents confined to chairs.</b>				31	50.8	58.6	39.1
<b>Residents requiring restraints.</b>				40	65.6	48.8	31.7
<b>Confused or disoriented residents.</b>				48	78.7	68.5	55.8
<b>Residents with bed sores.</b>				7	11.5	8.4	4.7
<b>Residents receiving special skin care.</b>				24	39.3	39.0	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COAST FORK NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
515 GRANT STREET		COTTAGE GROVE OR 97424	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	11/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
59	1	42

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	96.6	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	84.7	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	81.4	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	76.3	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	47	79.7	78.1	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	42.4	44.0	37.7
<b>Completely bedfast residents.</b>	7	11.9	4.9	3.4
<b>Residents confined to chairs.</b>	22	37.3	60.1	50.8
<b>Residents requiring restraints.</b>	32	54.2	52.3	41.3
<b>Confused or disoriented residents.</b>	28	47.5	62.2	58.4
<b>Residents with bed sores.</b>	5	8.5	8.5	7.1
<b>Residents receiving special skin care.</b>	17	28.8	33.5	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COTTAGE GROVE HOSPITAL

<b>Street Address:</b>		<b>City and State:</b>	
1340 BIRCH AVENUE		COTTAGE GROVE OR 97424	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	30	NON-PROFIT PRIVATE	08/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
30	0	21		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	25	83.3	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	30	100	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	93.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	96.7	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	21	70.0	78.1	68.2
Residents on individually written bowel and bladder retraining program.	2	6.7	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	60.0	44.0	37.7
<b>Completely bedfast residents.</b>	2	6.7	4.9	3.4
<b>Residents confined to chairs.</b>	22	73.3	60.1	50.8
<b>Residents requiring restraints.</b>	8	26.7	52.3	41.3
<b>Confused or disoriented residents.</b>	25	83.3	62.2	58.4
<b>Residents with bed sores.</b>	2	6.7	8.5	7.1
<b>Residents receiving special skin care.</b>	9	30.0	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CRESWELL CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
525 SOUTH SECOND STREET		CRESWELL OR 97426	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	80	PROPRIETARY	04/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
60	0	37	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	95.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	88.3	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	76.7	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	78.3	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	53	88.3	76.3	59.1
Residents on individually written bowel and bladder retraining program.	2	3.3	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	26.7	35.8	29.3
<b>Completely bedfast residents.</b>	2	3.3	3.0	3.6
<b>Residents confined to chairs.</b>	23	38.3	58.6	39.1
<b>Residents requiring restraints.</b>	27	45.0	48.8	31.7
<b>Confused or disoriented residents.</b>	34	56.7	68.5	55.8
<b>Residents with bed sores.</b>	1	1.7	8.4	4.7
<b>Residents receiving special skin care.</b>	0	0.0	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BIRCH STREET MANOR

<b>Street Address:</b>		<b>City and State:</b>	
862 S W BIRCH ST		DALLAS OR 97338	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	43	PROPRIETARY	09/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
36	0	30

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	31	86.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	25	69.4	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	25	69.4	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	86.1	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	69.4	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	41.7	35.8	29.3
<b>Completely bedfast residents.</b>	2	5.6	3.0	3.6
<b>Residents confined to chairs.</b>	11	30.6	58.6	39.1
<b>Residents requiring restraints.</b>	12	33.3	48.8	31.7
<b>Confused or disoriented residents.</b>	18	50.0	68.5	55.8
<b>Residents with bed sores.</b>	4	11.1	8.4	4.7
<b>Residents receiving special skin care.</b>	12	33.3	39.0	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DALLAS NURSING HOME

<b>Street Address:</b> 348 W ELLENDALE		<b>City and State:</b> DALLAS OR 97338	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 117	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 10/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 114	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 63	
---	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	113	99.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	102	89.5	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	98	86.0	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	76.3	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	67.5	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	30.7	35.8	29.3
<b>Completely bedfast residents.</b>	6	5.3	3.0	3.6
<b>Residents confined to chairs.</b>	61	53.5	58.6	39.1
<b>Residents requiring restraints.</b>	68	59.6	48.8	31.7
<b>Confused or disoriented residents.</b>	69	60.5	68.5	55.8
<b>Residents with bed sores.</b>	14	12.3	8.4	4.7
<b>Residents receiving special skin care.</b>	25	21.9	39.0	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WALLOWA COUNTY NURSING HOME

<b>Street Address:</b> 401 E FIRST ST		<b>City and State:</b> ENTERPRISE OR 97828	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 32	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 09/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 31	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 18
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	27	87.1	88.9	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	29	93.5	88.4	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	26	83.9	80.6	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	100	77.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	21	67.7	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	9	29.0	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	14	45.2	58.6	39.1
<b>Residents requiring restraints.</b>	5	16.1	48.8	31.7
<b>Confused or disoriented residents.</b>	7	22.6	68.5	55.8
<b>Residents with bed sores.</b>	2	6.5	8.4	4.7
<b>Residents receiving special skin care.</b>	14	45.2	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE EMERALD NURSING CENTER

<b>Street Address:</b> 2360 CHAMBERS ST		<b>City and State:</b> EUGENE OR 97405	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 138	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 06/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 114	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 83	
---	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	85.1	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	107	93.9	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	80.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	100	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	90	78.9	78.1	68.2
Residents on individually written bowel and bladder retraining program.	6	5.3	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	57	50.0	44.0	37.7
<b>Completely bedfast residents.</b>	3	2.6	4.9	3.4
<b>Residents confined to chairs.</b>	64	56.1	60.1	50.8
<b>Residents requiring restraints.</b>	60	52.6	52.3	41.3
<b>Confused or disoriented residents.</b>	53	46.5	62.2	58.4
<b>Residents with bed sores.</b>	16	14.0	8.5	7.1
<b>Residents receiving special skin care.</b>	17	14.9	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE EUGENE GOOD SAMARITAN CENTER

<b>Street Address:</b>		<b>City and State:</b>	
3500 HILYARD ST		EUGENE OR 97405	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	154	NON-PROFIT OTHER	05/06/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
149	3	46		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	149	100	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	129	86.6	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	135	90.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	100	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	121	81.2	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	53	35.6	44.0	37.7
<b>Completely bedfast residents.</b>	2	1.3	4.9	3.4
<b>Residents confined to chairs.</b>	133	89.3	60.1	50.8
<b>Residents requiring restraints.</b>	120	80.5	52.3	41.3
<b>Confused or disoriented residents.</b>	113	75.8	62.2	58.4
<b>Residents with bed sores.</b>	7	4.7	8.5	7.1
<b>Residents receiving special skin care.</b>	21	14.1	33.5	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GREEN VALLEY CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1735 ADKINS ST		EUGENE OR 97401	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	104	PROPRIETARY	04/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
91	2	61		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	96.7	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	86.8	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	72	79.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	100	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	87.9	78.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	38.5	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	73	80.2	60.1	50.8
<b>Residents requiring restraints.</b>	52	57.1	52.3	41.3
<b>Confused or disoriented residents.</b>	71	78.0	62.2	58.4
<b>Residents with bed sores.</b>	4	4.4	8.5	7.1
<b>Residents receiving special skin care.</b>	20	22.0	33.5	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	12.7	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLSIDE HEIGHTS CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1201 MCLEAN BLVD		EUGENE OR 97405	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	83	PROPRIETARY	02/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
81	0	71		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	69	85.2	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	72	88.9	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	65	80.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	79.0	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	66	81.5	78.1	68.2
Residents on individually written bowel and bladder retraining program.	4	4.9	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	32.1	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	51	63.0	60.1	50.8
<b>Residents requiring restraints.</b>	53	65.4	52.3	41.3
<b>Confused or disoriented residents.</b>	28	34.6	62.2	58.4
<b>Residents with bed sores.</b>	3	3.7	8.5	7.1
<b>Residents receiving special skin care.</b>	15	18.5	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE IVORENA CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
687 CHESHIRE AVENUE		EUGENE OR 97402	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	01/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
100	0	75	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	92	92.0	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	90.0	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	97	97.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	80.0	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	84	84.0	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	40.0	44.0	37.7
Completely bedfast residents.	10	10.0	4.9	3.4
Residents confined to chairs.	73	73.0	60.1	50.8
Residents requiring restraints.	57	57.0	52.3	41.3
Confused or disoriented residents.	76	76.0	62.2	58.4
Residents with bed sores.	30	30.0	8.5	7.1
Residents receiving special skin care.	18	18.0	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE RIVERPARK LIVING CENTER

<b>Street Address:</b>  425 ALEXANDER LOOP		<b>City and State:</b>  EUGENE OR 97401	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  60	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  08/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  59	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  44	
--	-------------------------------------	--------------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	93.2	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	74.6	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	31	52.5	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	40.7	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	66.1	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	27.1	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	22	37.3	58.6	39.1
<b>Residents requiring restraints.</b>	17	28.8	48.8	31.7
<b>Confused or disoriented residents.</b>	35	59.3	68.5	55.8
<b>Residents with bed sores.</b>	2	3.4	8.4	4.7
<b>Residents receiving special skin care.</b>	17	28.8	39.0	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SOUTH HILLS HEALTH CARE CENTER

<b>Street Address:</b> 1166 E 28TH		<b>City and State:</b> EUGENE OR 97405	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 138	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 106	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 66	
---	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b> Residents requiring some or total assistance in bathing.	99	93.4	89.3	81.5
--	----	------	------	------

<b>Dressing</b> Residents requiring some or total assistance in dressing.	88	83.0	89.0	83.2
--	----	------	------	------

<b>Toileting</b> Residents requiring some or total assistance in toileting.	76	71.7	85.2	73.8
--	----	------	------	------

<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	68.9	87.1	77.2
---	----	------	------	------

<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	59	55.7	78.1	68.2
---	----	------	------	------

Residents on individually written bowel and bladder retraining program.	4	3.8	5.3	4.6
---	---	-----	-----	-----

<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	31	29.2	44.0	37.7
---	----	------	------	------

<b>Completely bedfast residents.</b>	3	2.8	4.9	3.4
--------------------------------------	---	-----	-----	-----

<b>Residents confined to chairs.</b>	29	27.4	60.1	50.8
--------------------------------------	----	------	------	------

<b>Residents requiring restraints.</b>	42	39.6	52.3	41.3
--	----	------	------	------

<b>Confused or disoriented residents.</b>	26	24.5	62.2	58.4
---	----	------	------	------

<b>Residents with bed sores.</b>	2	1.9	8.5	7.1
----------------------------------	---	-----	-----	-----

<b>Residents receiving special skin care.</b>	30	28.3	33.5	31.2
---	----	------	------	------



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	12.7	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TWILIGHT ACRES NURSING HOME

<b>Street Address:</b> 85434 DILLEY LANE		<b>City and State:</b> EUGENE OR 97405	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 52	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 52	
--	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	84.6	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	84.6	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	78.8	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	75.0	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	76.9	76.3	59.1
Residents on individually written bowel and bladder retraining program.	2	3.8	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	32.7	35.8	29.3
<b>Completely bedfast residents.</b>	1	1.9	3.0	3.6
<b>Residents confined to chairs.</b>	30	57.7	58.6	39.1
<b>Residents requiring restraints.</b>	34	65.4	48.8	31.7
<b>Confused or disoriented residents.</b>	47	90.4	68.5	55.8
<b>Residents with bed sores.</b>	1	1.9	8.4	4.7
<b>Residents receiving special skin care.</b>	21	40.4	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE VALLEY WEST HEALTH CARE CENTER

<b>Street Address:</b> 2300 WARREN AVE		<b>City and State:</b> EUGENE OR 97405	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 121	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 98	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 0
--	---------------------------------	---------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	96	98.0	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	84.7	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	61.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	60.2	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	62.2	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	29.6	44.0	37.7
<b>Completely bedfast residents.</b>	1	1.0	4.9	3.4
<b>Residents confined to chairs.</b>	48	49.0	60.1	50.8
<b>Residents requiring restraints.</b>	44	44.9	52.3	41.3
<b>Confused or disoriented residents.</b>	65	66.3	62.2	58.4
<b>Residents with bed sores.</b>	6	6.1	8.5	7.1
<b>Residents receiving special skin care.</b>	18	18.4	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SIUSLAW CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1951 EAST 21ST STREET		FLORENCE OR 97439	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	59	PROPRIETARY	08/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
45	1	32	

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	42	93.3	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	84.4	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	37	82.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	82.2	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	80.0	78.1	68.2
Residents on individually written bowel and bladder retraining program.	1	2.2	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	57.8	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	34	75.6	60.1	50.8
<b>Residents requiring restraints.</b>	12	26.7	52.3	41.3
<b>Confused or disoriented residents.</b>	35	77.8	62.2	58.4
<b>Residents with bed sores.</b>	4	8.9	8.5	7.1
<b>Residents receiving special skin care.</b>	40	88.9	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CAMELOT CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
3900 PACIFIC AVE		FOREST GROVE OR 97116	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	114	PROPRIETARY	09/18/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
80	3	62			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	75	93.8	89.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	78	97.5	89.0	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	73	91.2	85.2	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	91.2	87.1	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	73	91.2	78.1	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	47	58.7	44.0	37.7	
Completely bedfast residents.	7	8.7	4.9	3.4	
Residents confined to chairs.	70	87.5	60.1	50.8	
Residents requiring restraints.	57	71.2	52.3	41.3	
Confused or disoriented residents.	58	72.5	62.2	58.4	
Residents with bed sores.	7	8.7	8.5	7.1	
Residents receiving special skin care.	23	28.7	33.5	31.2	

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FOREST VIEW CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
3300 19TH AVENUE		FOREST GROVE OR 97116	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	114	PROPRIETARY	03/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
72	0	53

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	61	84.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	83.3	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	58	80.6	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	80.6	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	59.7	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	44.4	35.8	29.3
<b>Completely bedfast residents.</b>	2	2.8	3.0	3.6
<b>Residents confined to chairs.</b>	55	76.4	58.6	39.1
<b>Residents requiring restraints.</b>	36	50.0	48.8	31.7
<b>Confused or disoriented residents.</b>	35	48.6	68.5	55.8
<b>Residents with bed sores.</b>	4	5.6	8.4	4.7
<b>Residents receiving special skin care.</b>	50	69.4	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LOU-DEL NURSING HOME, INC

<b>Street Address:</b>  2122 OAK ST		<b>City and State:</b>  FOREST GROVE OR 97116	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  40	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  05/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  37	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  22
--	-------------------------------------	--------------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	0	0.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	34	91.9	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	32	86.5	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	78.4	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	83.8	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	29.7	35.8	29.3
<b>Completely bedfast residents.</b>	3	8.1	3.0	3.6
<b>Residents confined to chairs.</b>	21	56.8	58.6	39.1
<b>Residents requiring restraints.</b>	6	16.2	48.8	31.7
<b>Confused or disoriented residents.</b>	21	56.8	68.5	55.8
<b>Residents with bed sores.</b>	2	5.4	8.4	4.7
<b>Residents receiving special skin care.</b>	7	18.9	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FRANKLIN CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
220 EAST HEREFORD STREET		GLADSTONE OR 97027	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	91	PROPRIETARY	10/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
87	0	87	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	52	59.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	67	77.0	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	58	66.7	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	62.1	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	51.7	76.3	59.1
Residents on individually written bowel and bladder retraining program.	4	4.6	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	40.2	35.8	29.3
<b>Completely bedfast residents.</b>	7	8.0	3.0	3.6
<b>Residents confined to chairs.</b>	36	41.4	58.6	39.1
<b>Residents requiring restraints.</b>	32	36.8	48.8	31.7
<b>Confused or disoriented residents.</b>	45	51.7	68.5	55.8
<b>Residents with bed sores.</b>	5	5.7	8.4	4.7
<b>Residents receiving special skin care.</b>	46	52.9	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GLADSTONE CONVALESCENT CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
1315 WEBSTER ROAD		GLADSTONE OR 97027	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	130	PROPRIETARY	05/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
100	0	58	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	97.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	97	97.0	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	95	95.0	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	95.0	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	95	95.0	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	32.0	35.8	29.3
<b>Completely bedfast residents.</b>	1	1.0	3.0	3.6
<b>Residents confined to chairs.</b>	94	94.0	58.6	39.1
<b>Residents requiring restraints.</b>	73	73.0	48.8	31.7
<b>Confused or disoriented residents.</b>	95	95.0	68.5	55.8
<b>Residents with bed sores.</b>	14	14.0	8.4	4.7
<b>Residents receiving special skin care.</b>	22	22.0	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TRI-CITY HEALTH CARE

<b>Street Address:</b>		<b>City and State:</b>	
340 FIRST STREET		GLADSTONE OR 97027	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	126	PROPRIETARY	10/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
109	0	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	68	62.4	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	71	65.1	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	71	65.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	83.5	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	75.2	78.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	18.3	44.0	37.7
<b>Completely bedfast residents.</b>	1	0.9	4.9	3.4
<b>Residents confined to chairs.</b>	61	56.0	60.1	50.8
<b>Residents requiring restraints.</b>	33	30.3	52.3	41.3
<b>Confused or disoriented residents.</b>	59	54.1	62.2	58.4
<b>Residents with bed sores.</b>	10	9.2	8.5	7.1
<b>Residents receiving special skin care.</b>	27	24.8	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE HIGHLAND HOUSE NURSING CENTER

<b>Street Address:</b> 2201 NW HIGHLAND AVE		<b>City and State:</b> GRANTS PASS OR 97526	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 134	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/22/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 128	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 49	
---	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	119	93.0	89.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	113	88.3	89.0	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	102	79.7	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	73.4	87.1	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	115	89.8	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	49	38.3	44.0	37.7
<b>Completely bedfast residents.</b>	2	1.6	4.9	3.4
<b>Residents confined to chairs.</b>	59	46.1	60.1	50.8
<b>Residents requiring restraints.</b>	81	63.3	52.3	41.3
<b>Confused or disoriented residents.</b>	94	73.4	62.2	58.4
<b>Residents with bed sores.</b>	5	3.9	8.5	7.1
<b>Residents receiving special skin care.</b>	12	9.4	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LAUREL HILL NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
859 NE SIXTH ST		GRANTS PASS OR 97526	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	41	PROPRIETARY	09/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
37	0	21

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	37	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	32	86.5	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	32	86.5	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	75.7	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	89.2	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	40.5	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	8	21.6	58.6	39.1
<b>Residents requiring restraints.</b>	19	51.4	48.8	31.7
<b>Confused or disoriented residents.</b>	30	81.1	68.5	55.8
<b>Residents with bed sores.</b>	3	8.1	8.4	4.7
<b>Residents receiving special skin care.</b>	3	8.1	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MARIOLA NURSING HOME

<b>Street Address:</b> 1450 NE FAIRVIEW AVE		<b>City and State:</b> GRANTS PASS OR 97526	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 104	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 97	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 62	
--	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	94	96.9	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	97	100	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	89.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	89.7	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	78	80.4	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	35.1	44.0	37.7
<b>Completely bedfast residents.</b>	9	9.3	4.9	3.4
<b>Residents confined to chairs.</b>	78	80.4	60.1	50.8
<b>Residents requiring restraints.</b>	31	32.0	52.3	41.3
<b>Confused or disoriented residents.</b>	61	62.9	62.2	58.4
<b>Residents with bed sores.</b>	2	2.1	8.5	7.1
<b>Residents receiving special skin care.</b>	20	20.6	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ROYALE GARDENS HEALTH CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
2075 N W HIGHLAND AVE		GRANTS PASS OR 97526	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	162	PROPRIETARY	10/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
147	0	86	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	118	80.3	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	120	81.6	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	112	76.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	80.3	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	101	68.7	78.1	68.2
Residents on individually written bowel and bladder retraining program.	17	11.6	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	29.3	44.0	37.7
<b>Completely bedfast residents.</b>	7	4.8	4.9	3.4
<b>Residents confined to chairs.</b>	72	49.0	60.1	50.8
<b>Residents requiring restraints.</b>	61	41.5	52.3	41.3
<b>Confused or disoriented residents.</b>	94	63.9	62.2	58.4
<b>Residents with bed sores.</b>	3	2.0	8.5	7.1
<b>Residents receiving special skin care.</b>	27	18.4	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE FAIRLAWN CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
3457 NE DIVISON ST		GRESHAM OR 97030	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	97	NON-PROFIT RELIGIOUS	04/28/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
84	5	49		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	100	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	78	92.9	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	78	92.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	94.0	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	61.9	78.1	68.2
Residents on individually written bowel and bladder retraining program.	4	4.8	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	40.5	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	72	85.7	60.1	50.8
<b>Residents requiring restraints.</b>	33	39.3	52.3	41.3
<b>Confused or disoriented residents.</b>	39	46.4	62.2	58.4
<b>Residents with bed sores.</b>	9	10.7	8.5	7.1
<b>Residents receiving special skin care.</b>	15	17.9	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PACIFIC CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
405 N. E. 5TH AVENUE		GRESHAM OR 97030	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	80	PROPRIETARY	08/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
72	0	54

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	61	84.7	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	75.0	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	66.7	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	77.8	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	34.7	35.8	29.3
<b>Completely bedfast residents.</b>	1	1.4	3.0	3.6
<b>Residents confined to chairs.</b>	27	37.5	58.6	39.1
<b>Residents requiring restraints.</b>	39	54.2	48.8	31.7
<b>Confused or disoriented residents.</b>	59	81.9	68.5	55.8
<b>Residents with bed sores.</b>	6	8.3	8.4	4.7
<b>Residents receiving special skin care.</b>	72	100	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE REST HARBOR EXTENDED CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
5905 SE POWELL BLVD (P O BOX 525)		GRESHAM OR 97030	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	128	NON-PROFIT PRIVATE	04/27/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
124		7		81			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				90	72.6	89.3	81.5
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				119	96.0	89.0	83.2
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				119	96.0	85.2	73.8
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				110	88.7	87.1	77.2
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				119	96.0	78.1	68.2
Residents on individually written bowel and bladder retraining program.				27	21.8	5.3	4.6
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				86	69.4	44.0	37.7
<b>Completely bedfast residents.</b>				19	15.3	4.9	3.4
<b>Residents confined to chairs.</b>				88	71.0	60.1	50.8
<b>Residents requiring restraints.</b>				40	32.3	52.3	41.3
<b>Confused or disoriented residents.</b>				85	68.5	62.2	58.4
<b>Residents with bed sores.</b>				22	17.7	8.5	7.1
<b>Residents receiving special skin care.</b>				52	41.9	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE VILLAGE CONVALESCENT CENTER

<b>Street Address:</b> 3955 S E 182ND AVENUE		<b>City and State:</b> GRESHAM OR 97030	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 115	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 87	<b>Medicare Residents:</b> 11	<b>Medicaid Residents:</b> 44
--	----------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	73	83.9	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	80	92.0	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	73	83.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	100	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	73	83.9	78.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	42	48.3	44.0	37.7
<b>Completely bedfast residents.</b>	2	2.3	4.9	3.4
<b>Residents confined to chairs.</b>	50	57.5	60.1	50.8
<b>Residents requiring restraints.</b>	43	49.4	52.3	41.3
<b>Confused or disoriented residents.</b>	41	47.1	62.2	58.4
<b>Residents with bed sores.</b>	19	21.8	8.5	7.1
<b>Residents receiving special skin care.</b>	34	39.1	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WILLOW TREE CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
311 NE DIVISION ST		GRESHAM OR 97030	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	40	PROPRIETARY	06/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
39	0	33

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	37	94.9	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	37	94.9	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	82.1	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	92.3	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	30.8	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	36	92.3	58.6	39.1
<b>Residents requiring restraints.</b>	29	74.4	48.8	31.7
<b>Confused or disoriented residents.</b>	34	87.2	68.5	55.8
<b>Residents with bed sores.</b>	5	12.8	8.4	4.7
<b>Residents receiving special skin care.</b>	39	100	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PIONEER MEMORIAL HOSPITAL

<b>Street Address:</b> 564 PIONEER DRIVE		<b>City and State:</b> HEPPNER OR 97836	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 32	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 03/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 30	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 11
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	24	80.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	20	66.7	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	17	56.7	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	46.7	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	17	56.7	76.3	59.1
Residents on individually written bowel and bladder retraining program.	2	6.7	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	26.7	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	10	33.3	58.6	39.1
<b>Residents requiring restraints.</b>	9	30.0	48.8	31.7
<b>Confused or disoriented residents.</b>	14	46.7	68.5	55.8
<b>Residents with bed sores.</b>	0	0.0	8.4	4.7
<b>Residents receiving special skin care.</b>	6	20.0	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERMISTON GOOD SAMARITAN CENTER

<b>Street Address:</b> 970 JUNIPER AVE W		<b>City and State:</b> HERMISTON OR 97838	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 95	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 05/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 88	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 59
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	80	90.9	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	84.1	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	78.4	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	67	76.1	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	28.4	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	41	46.6	58.6	39.1
<b>Residents requiring restraints.</b>	36	40.9	48.8	31.7
<b>Confused or disoriented residents.</b>	71	80.7	68.5	55.8
<b>Residents with bed sores.</b>	6	6.8	8.4	4.7
<b>Residents receiving special skin care.</b>	22	25.0	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GARDEN VIEW CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
33465 S W TUALATIN VALLEY HWY		HILLSBORO OR 97123	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	36	PROPRIETARY	03/02/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
32	0	20

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	32	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	24	75.0	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	20	62.5	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	56.3	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	20	62.5	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	34.4	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	15	46.9	58.6	39.1
<b>Residents requiring restraints.</b>	8	25.0	48.8	31.7
<b>Confused or disoriented residents.</b>	19	59.4	68.5	55.8
<b>Residents with bed sores.</b>	1	3.1	8.4	4.7
<b>Residents receiving special skin care.</b>	10	31.3	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE HILLAIRE MANOR

<b>Street Address:</b> 1778 NE CORNELL RD		<b>City and State:</b> HILLSBORO OR 97124	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 56	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/23/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 53	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 27
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	86.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	94.3	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	86.8	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	81.1	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	73.6	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	62.3	35.8	29.3
<b>Completely bedfast residents.</b>	1	1.9	3.0	3.6
<b>Residents confined to chairs.</b>	26	49.1	58.6	39.1
<b>Residents requiring restraints.</b>	39	73.6	48.8	31.7
<b>Confused or disoriented residents.</b>	27	50.9	68.5	55.8
<b>Residents with bed sores.</b>	6	11.3	8.4	4.7
<b>Residents receiving special skin care.</b>	21	39.6	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OAK VILLA CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
650 S.E. OAK STREET		HILLSBORO OR 97123	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	104	PROPRIETARY	06/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
94	12	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	79	84.0	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	84.0	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	78	83.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	81.9	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	73	77.7	78.1	68.2
Residents on individually written bowel and bladder retraining program.	15	16.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	50.0	44.0	37.7
<b>Completely bedfast residents.</b>	1	1.1	4.9	3.4
<b>Residents confined to chairs.</b>	79	84.0	60.1	50.8
<b>Residents requiring restraints.</b>	66	70.2	52.3	41.3
<b>Confused or disoriented residents.</b>	49	52.1	62.2	58.4
<b>Residents with bed sores.</b>	17	18.1	8.5	7.1
<b>Residents receiving special skin care.</b>	60	63.8	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HOOD RIVER CARE CENTER

<b>Street Address:</b> 729 HENDERSON ROAD		<b>City and State:</b> HOOD RIVER OR 97031	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 128	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/31/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 114	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 65	
---	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	73	64.0	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	93	81.6	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	90	78.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	71.9	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	70.2	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	41	36.0	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	59	51.8	60.1	50.8
<b>Residents requiring restraints.</b>	67	58.8	52.3	41.3
<b>Confused or disoriented residents.</b>	93	81.6	62.2	58.4
<b>Residents with bed sores.</b>	19	16.7	8.5	7.1
<b>Residents receiving special skin care.</b>	83	72.8	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CEDARWOOD CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1525 MONMOUTH AVENUE		INDEPENDENCE OR 97351	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	80	PROPRIETARY	04/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
41	0	41

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	32	78.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	87.8	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	92.7	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	78.0	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	12	29.3	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	63.4	35.8	29.3
<b>Completely bedfast residents.</b>	1	2.4	3.0	3.6
<b>Residents confined to chairs.</b>	31	75.6	58.6	39.1
<b>Residents requiring restraints.</b>	0	0.0	48.8	31.7
<b>Confused or disoriented residents.</b>	0	0.0	68.5	55.8
<b>Residents with bed sores.</b>	1	2.4	8.4	4.7
<b>Residents receiving special skin care.</b>	0	0.0	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GRANDVIEW MANOR CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
530 BIRCH STREET		JUNCTION CITY OR 97448	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	72	PROPRIETARY	06/02/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
69	0	69

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	67	97.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	66	95.7	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	62	89.9	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	89.9	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	62	89.9	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	36.2	35.8	29.3
<b>Completely bedfast residents.</b>	7	10.1	3.0	3.6
<b>Residents confined to chairs.</b>	22	31.9	58.6	39.1
<b>Residents requiring restraints.</b>	28	40.6	48.8	31.7
<b>Confused or disoriented residents.</b>	44	63.8	68.5	55.8
<b>Residents with bed sores.</b>	4	5.8	8.4	4.7
<b>Residents receiving special skin care.</b>	17	24.6	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE KLAMATH COUNTY NURSING HOME

<b>Street Address:</b> 1401 CAMPUS DRIVE		<b>City and State:</b> KLAMATH FALLS OR 97601	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 03/28/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 113	<b>Medicare Residents:</b> 8	<b>Medicaid Residents:</b> 66		
---	---------------------------------	----------------------------------	--	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	96	85.0	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	106	93.8	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	103	91.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	92.9	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	88	77.9	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	46.0	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	55	48.7	60.1	50.8
<b>Residents requiring restraints.</b>	79	69.9	52.3	41.3
<b>Confused or disoriented residents.</b>	56	49.6	62.2	58.4
<b>Residents with bed sores.</b>	3	2.7	8.5	7.1
<b>Residents receiving special skin care.</b>	22	19.5	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OREGON HEALTH CARE CENTER - MT. VIEW

<b>Street Address:</b> 711 WASHBURN WAY		<b>City and State:</b> KLAMATH FALLS OR 97603	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 114	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/01/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 86	<b>Medicare Residents:</b> 5	<b>Medicaid Residents:</b> 40	
--	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	100	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	78	90.7	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	78	90.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	93.0	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	78	90.7	78.1	68.2
Residents on individually written bowel and bladder retraining program.	3	3.5	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	34.9	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	0	0.0	60.1	50.8
<b>Residents requiring restraints.</b>	0	0.0	52.3	41.3
<b>Confused or disoriented residents.</b>	0	0.0	62.2	58.4
<b>Residents with bed sores.</b>	4	4.7	8.5	7.1
<b>Residents receiving special skin care.</b>	0	0.0	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OREGON HEALTH CARE CNTR - HIGHLAND

<b>Street Address:</b>		<b>City and State:</b>	
2555 MAIN STREET		KLAMATH FALLS OR 97601	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	77	PROPRIETARY	01/28/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
35	0	25

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	28	80.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	28	80.0	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	25	71.4	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	65.7	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	21	60.0	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	17.1	35.8	29.3
<b>Completely bedfast residents.</b>	1	2.9	3.0	3.6
<b>Residents confined to chairs.</b>	10	28.6	58.6	39.1
<b>Residents requiring restraints.</b>	8	22.9	48.8	31.7
<b>Confused or disoriented residents.</b>	21	60.0	68.5	55.8
<b>Residents with bed sores.</b>	2	5.7	8.4	4.7
<b>Residents receiving special skin care.</b>	2	5.7	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LA GRANDE NURSING CENTER

<b>Street Address:</b> 95 ARIES WAY		<b>City and State:</b> LA GRANDE OR 97850	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 80	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 69	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 50	
--	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	58	84.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	58	84.1	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	79.7	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	78.3	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	53	76.8	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	55.1	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	47	68.1	58.6	39.1
<b>Residents requiring restraints.</b>	29	42.0	48.8	31.7
<b>Confused or disoriented residents.</b>	40	58.0	68.5	55.8
<b>Residents with bed sores.</b>	3	4.3	8.4	4.7
<b>Residents receiving special skin care.</b>	21	30.4	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MOUNTAIN PARK CONVALESCENT CARE CTR

<b>Street Address:</b> 4 GREENRIDGE RD		<b>City and State:</b> LAKE OSWEGO OR 97034	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 182	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 90	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 90	
--	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	41	45.6	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	92.2	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	81	90.0	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	87.8	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	74	82.2	76.3	59.1
Residents on individually written bowel and bladder retraining program.	6	6.7	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	33.3	35.8	29.3
<b>Completely bedfast residents.</b>	3	3.3	3.0	3.6
<b>Residents confined to chairs.</b>	58	64.4	58.6	39.1
<b>Residents requiring restraints.</b>	43	47.8	48.8	31.7
<b>Confused or disoriented residents.</b>	50	55.6	68.5	55.8
<b>Residents with bed sores.</b>	2	2.2	8.4	4.7
<b>Residents receiving special skin care.</b>	25	27.8	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LAKE DISTRICT HOSPITAL

<b>Street Address:</b> 700 S J ST		<b>City and State:</b> LAKEVIEW OR 97630	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 47	<b>Type of Ownership:</b> STATE GOVERNMENT	<b>Survey Date:</b> 03/16/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 36	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 16
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	31	86.1	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	30	83.3	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	16	44.4	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	100	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	13	36.1	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	13.9	44.0	37.7
<b>Completely bedfast residents.</b>	1	2.8	4.9	3.4
<b>Residents confined to chairs.</b>	11	30.6	60.1	50.8
<b>Residents requiring restraints.</b>	6	16.7	52.3	41.3
<b>Confused or disoriented residents.</b>	14	38.9	62.2	58.4
<b>Residents with bed sores.</b>	0	0.0	8.5	7.1
<b>Residents receiving special skin care.</b>	2	5.6	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE VILLA CASCADE NURSING HOME

<b>Street Address:</b> 350 SOUTH 8TH		<b>City and State:</b> LEBANON OR 97355	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 107	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 02/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 103	<b>Medicare Residents:</b> 10	<b>Medicaid Residents:</b> 93
---	----------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	99	96.1	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	82.5	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	100	97.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	96.1	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	99	96.1	78.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	58	56.3	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	74	71.8	60.1	50.8
<b>Residents requiring restraints.</b>	84	81.6	52.3	41.3
<b>Confused or disoriented residents.</b>	80	77.7	62.2	58.4
<b>Residents with bed sores.</b>	11	10.7	8.5	7.1
<b>Residents receiving special skin care.</b>	41	39.8	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OREGON HEALTH CARE CENTER-EVERGREEN

<b>Street Address:</b>		<b>City and State:</b>	
3011 NE PARK DRIVE		LINCOLN CITY OR 97367	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	80	PROPRIETARY	09/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
75	0	75		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	73	97.3	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	71	94.7	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	65	86.7	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	72.0	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	92.0	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	42.7	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	46	61.3	58.6	39.1
<b>Residents requiring restraints.</b>	38	50.7	48.8	31.7
<b>Confused or disoriented residents.</b>	72	96.0	68.5	55.8
<b>Residents with bed sores.</b>	6	8.0	8.4	4.7
<b>Residents receiving special skin care.</b>	35	46.7	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MOUNTAIN VIEW HOSPITAL

<b>Street Address:</b>		<b>City and State:</b>	
1270 A STREET		MADRAS OR 97741	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	68	LOCAL GOVERNMENT	08/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
64	0	64	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	68.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	71.9	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	49	76.6	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	59.4	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	75.0	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	32.8	35.8	29.3
<b>Completely bedfast residents.</b>	1	1.6	3.0	3.6
<b>Residents confined to chairs.</b>	20	31.3	58.6	39.1
<b>Residents requiring restraints.</b>	24	37.5	48.8	31.7
<b>Confused or disoriented residents.</b>	50	78.1	68.5	55.8
<b>Residents with bed sores.</b>	1	1.6	8.4	4.7
<b>Residents receiving special skin care.</b>	10	15.6	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OAK GLEN CARE CENTER

<b>Street Address:</b> 421 S EVANS ST		<b>City and State:</b> MCMINNVILLE OR 97128	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 109	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 04/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 104	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 72	
---	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	80.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	93	89.4	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	78	75.0	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	65.4	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	72	69.2	76.3	59.1
Residents on individually written bowel and bladder retraining program.	3	2.9	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	24.0	35.8	29.3
<b>Completely bedfast residents.</b>	2	1.9	3.0	3.6
<b>Residents confined to chairs.</b>	54	51.9	58.6	39.1
<b>Residents requiring restraints.</b>	46	44.2	48.8	31.7
<b>Confused or disoriented residents.</b>	60	57.7	68.5	55.8
<b>Residents with bed sores.</b>	7	6.7	8.4	4.7
<b>Residents receiving special skin care.</b>	22	21.2	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OREGON HEALTH CARE CENTER-CAREOUSEL

<b>Street Address:</b> 1309 E. 27TH		<b>City and State:</b> MCMINNVILLE OR 97128	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 110	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 90	<b>Medicare Residents:</b> 11	<b>Medicaid Residents:</b> 79	
--	----------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	85	94.4	89.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	79	87.8	89.0	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	72	80.0	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	88.9	87.1	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	63	70.0	78.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	5.3	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	42	46.7	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	74	82.2	60.1	50.8
<b>Residents requiring restraints.</b>	56	62.2	52.3	41.3
<b>Confused or disoriented residents.</b>	52	57.8	62.2	58.4
<b>Residents with bed sores.</b>	8	8.9	8.5	7.1
<b>Residents receiving special skin care.</b>	27	30.0	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HEARTHSTONE MANOR

<b>Street Address:</b>		<b>City and State:</b>	
2901 E BARNETT RD		MEDFORD OR 97501	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	161	PROPRIETARY	09/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
152	2	99		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	144	94.7	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	140	92.1	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	135	88.8	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	151	99.3	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	121	79.6	78.1	68.2
Residents on individually written bowel and bladder retraining program.	4	2.6	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	60	39.5	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	120	78.9	60.1	50.8
<b>Residents requiring restraints.</b>	88	57.9	52.3	41.3
<b>Confused or disoriented residents.</b>	103	67.8	62.2	58.4
<b>Residents with bed sores.</b>	11	7.2	8.5	7.1
<b>Residents receiving special skin care.</b>	151	99.3	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ROGUE VALLEY CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
3693 SOUTH PACIFIC HIGHWAY		MEDFORD OR 97501	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	36	PROPRIETARY	09/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
34	0	24	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	31	91.2	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	31	91.2	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	79.4	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	67.6	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	28	82.4	76.3	59.1
Residents on individually written bowel and bladder retraining program.	1	2.9	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	35.3	35.8	29.3
<b>Completely bedfast residents.</b>	3	8.8	3.0	3.6
<b>Residents confined to chairs.</b>	22	64.7	58.6	39.1
<b>Residents requiring restraints.</b>	17	50.0	48.8	31.7
<b>Confused or disoriented residents.</b>	26	76.5	68.5	55.8
<b>Residents with bed sores.</b>	1	2.9	8.4	4.7
<b>Residents receiving special skin care.</b>	8	23.5	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE THREE FOUNTAINS NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
835 CRATER LAKE AVE		MEDFORD OR 97501	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	156	PROPRIETARY	07/31/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
146	12	72

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	134	91.8	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	138	94.5	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	139	95.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	93.2	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	97	66.4	78.1	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	72	49.3	44.0	37.7
<b>Completely bedfast residents.</b>	1	0.7	4.9	3.4
<b>Residents confined to chairs.</b>	85	58.2	60.1	50.8
<b>Residents requiring restraints.</b>	72	49.3	52.3	41.3
<b>Confused or disoriented residents.</b>	90	61.6	62.2	58.4
<b>Residents with bed sores.</b>	29	19.9	8.5	7.1
<b>Residents receiving special skin care.</b>	79	54.1	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE VILLA ROYAL HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
625 STEVENS ST		MEDFORD OR 97501	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	130	PROPRIETARY	05/13/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
78	8	70

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	67.9	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	97.4	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	94.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	94.9	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	78.2	78.1	68.2
Residents on individually written bowel and bladder retraining program.	4	5.1	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	30.8	44.0	37.7
<b>Completely bedfast residents.</b>	4	5.1	4.9	3.4
<b>Residents confined to chairs.</b>	63	80.8	60.1	50.8
<b>Residents requiring restraints.</b>	41	52.6	52.3	41.3
<b>Confused or disoriented residents.</b>	49	62.8	62.2	58.4
<b>Residents with bed sores.</b>	6	7.7	8.5	7.1
<b>Residents receiving special skin care.</b>	49	62.8	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MERLIN HEALTH RETREAT

<b>Street Address:</b> 816 SANITARIUM RD (P O BOX 340)		<b>City and State:</b> MERLIN OR 97532	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 40	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/21/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
33		0		26			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				33	100	88.9	78.3
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				29	87.9	88.4	76.7
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				27	81.8	80.6	63.4
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				21	63.6	77.8	66.0
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				27	81.8	76.3	59.1
Residents on individually written bowel and bladder retraining program.				23	69.7	4.1	6.1
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				19	57.6	35.8	29.3
<b>Completely bedfast residents.</b>				2	6.1	3.0	3.6
<b>Residents confined to chairs.</b>				7	21.2	58.6	39.1
<b>Residents requiring restraints.</b>				7	21.2	48.8	31.7
<b>Confused or disoriented residents.</b>				24	72.7	68.5	55.8
<b>Residents with bed sores.</b>				2	6.1	8.4	4.7
<b>Residents receiving special skin care.</b>				11	33.3	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ELZORA MANOR

<b>Street Address:</b> 120 ELZORA STREET (P O BOX 498)		<b>City and State:</b> MILTON-FREEWATER OR 97862	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 127	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/28/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 115	<b>Medicare Residents:</b> 12	<b>Medicaid Residents:</b> 103	
---	----------------------------------	-----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	85	73.9	89.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	110	95.7	89.0	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	83	72.2	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	68.7	87.1	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	85	73.9	78.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	5.3	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	43	37.4	44.0	37.7
<b>Completely bedfast residents.</b>	1	0.9	4.9	3.4
<b>Residents confined to chairs.</b>	58	50.4	60.1	50.8
<b>Residents requiring restraints.</b>	50	43.5	52.3	41.3
<b>Confused or disoriented residents.</b>	68	59.1	62.2	58.4
<b>Residents with bed sores.</b>	4	3.5	8.5	7.1
<b>Residents receiving special skin care.</b>	30	26.1	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MILWAUKIE CONVALESCENT CENTER

<b>Street Address:</b> 12045 SE STANLEY AVE		<b>City and State:</b> MILWAUKIE OR 97222	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 68	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 59	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 52	
--	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	56	94.9	88.9	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	56	94.9	88.4	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	52	88.1	80.6	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	83.1	77.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	56	94.9	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	30	50.8	35.8	29.3
<b>Completely bedfast residents.</b>	1	1.7	3.0	3.6
<b>Residents confined to chairs.</b>	41	69.5	58.6	39.1
<b>Residents requiring restraints.</b>	41	69.5	48.8	31.7
<b>Confused or disoriented residents.</b>	42	71.2	68.5	55.8
<b>Residents with bed sores.</b>	5	8.5	8.4	4.7
<b>Residents receiving special skin care.</b>	5	8.5	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MOLALLA MANOR CARE CENTER

<b>Street Address:</b> 301 RIDING AVE		<b>City and State:</b> MOLALLA OR 97038	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 92	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 75		<b>Medicare Residents:</b> 6		<b>Medicaid Residents:</b> 53			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				75	100	89.3	81.5
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				69	92.0	89.0	83.2
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				69	92.0	85.2	73.8
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				65	86.7	87.1	77.2
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				69	92.0	78.1	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	5.3	4.6
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				19	25.3	44.0	37.7
<b>Completely bedfast residents.</b>				4	5.3	4.9	3.4
<b>Residents confined to chairs.</b>				62	82.7	60.1	50.8
<b>Residents requiring restraints.</b>				55	73.3	52.3	41.3
<b>Confused or disoriented residents.</b>				57	76.0	62.2	58.4
<b>Residents with bed sores.</b>				0	0.0	8.5	7.1
<b>Residents receiving special skin care.</b>				0	0.0	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE BENEDICTINE NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
540 SOUTH MAIN ST		MOUNT ANGEL OR 97362	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	130	NON-PROFIT RELIGIOUS	06/26/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
123	11	47

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	107	87.0	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	114	92.7	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	104	84.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	83.7	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	100	81.3	78.1	68.2
Residents on individually written bowel and bladder retraining program.	3	2.4	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	57	46.3	44.0	37.7
<b>Completely bedfast residents.</b>	14	11.4	4.9	3.4
<b>Residents confined to chairs.</b>	87	70.7	60.1	50.8
<b>Residents requiring restraints.</b>	45	36.6	52.3	41.3
<b>Confused or disoriented residents.</b>	56	45.5	62.2	58.4
<b>Residents with bed sores.</b>	10	8.1	8.5	7.1
<b>Residents receiving special skin care.</b>	68	55.3	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MYRTLE POINT CARE CENTER

<b>Street Address:</b> 637 ASH STREET		<b>City and State:</b> MYRTLE POINT OR 97458	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 32	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 32	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 32	
--	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	30	93.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	28	87.5	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	20	62.5	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	62.5	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	15	46.9	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	15.6	35.8	29.3
<b>Completely bedfast residents.</b>	3	9.4	3.0	3.6
<b>Residents confined to chairs.</b>	11	34.4	58.6	39.1
<b>Residents requiring restraints.</b>	15	46.9	48.8	31.7
<b>Confused or disoriented residents.</b>	16	50.0	68.5	55.8
<b>Residents with bed sores.</b>	0	0.0	8.4	4.7
<b>Residents receiving special skin care.</b>	15	46.9	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CHEHALEM CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1900 E FULTON ST		NEWBURG OR 97132	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	90	PROPRIETARY	11/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
79	0	65	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	91.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	72	91.1	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	62	78.5	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	77.2	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	64.6	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	40.5	35.8	29.3
<b>Completely bedfast residents.</b>	12	15.2	3.0	3.6
<b>Residents confined to chairs.</b>	54	68.4	58.6	39.1
<b>Residents requiring restraints.</b>	50	63.3	48.8	31.7
<b>Confused or disoriented residents.</b>	58	73.4	68.5	55.8
<b>Residents with bed sores.</b>	5	6.3	8.4	4.7
<b>Residents receiving special skin care.</b>	27	34.2	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE YAQUINA CARE CENTER

<b>Street Address:</b> 835 SW ELEVENTH ST		<b>City and State:</b> NEWPORT OR 97365	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 80	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 65	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 42	
--	---------------------------------	----------------------------------	--

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	61	93.8	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	55	84.6	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	84.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	100	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	67.7	78.1	68.2
Residents on individually written bowel and bladder retraining program.	4	6.2	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	36.9	44.0	37.7
<b>Completely bedfast residents.</b>	2	3.1	4.9	3.4
<b>Residents confined to chairs.</b>	29	44.6	60.1	50.8
<b>Residents requiring restraints.</b>	48	73.8	52.3	41.3
<b>Confused or disoriented residents.</b>	23	35.4	62.2	58.4
<b>Residents with bed sores.</b>	9	13.8	8.5	7.1
<b>Residents receiving special skin care.</b>	22	33.8	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ST CATHERINE'S RES. & NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
3959 SHERIDAN AVE		NORTH BEND OR 97459	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	161	NON-PROFIT RELIGIOUS	11/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
158	3	82

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	122	77.2	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	140	88.6	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	124	78.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	75.3	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	123	77.8	78.1	68.2
Residents on individually written bowel and bladder retraining program.	14	8.9	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	77	48.7	44.0	37.7
<b>Completely bedfast residents.</b>	12	7.6	4.9	3.4
<b>Residents confined to chairs.</b>	82	51.9	60.1	50.8
<b>Residents requiring restraints.</b>	78	49.4	52.3	41.3
<b>Confused or disoriented residents.</b>	109	69.0	62.2	58.4
<b>Residents with bed sores.</b>	8	5.1	8.5	7.1
<b>Residents receiving special skin care.</b>	59	37.3	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE MALHEUR MEMORIAL HOSPITAL

<b>Street Address:</b>		<b>City and State:</b>	
1109 PARK AVE		NYSSA OR 97913	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	46	LOCAL GOVERNMENT	10/14/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
40	0	23

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	35	87.5	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	35	87.5	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	31	77.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	80.0	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	77.5	78.1	68.2
Residents on individually written bowel and bladder retraining program.	1	2.5	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	22.5	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	32	80.0	60.1	50.8
<b>Residents requiring restraints.</b>	6	15.0	52.3	41.3
<b>Confused or disoriented residents.</b>	37	92.5	62.2	58.4
<b>Residents with bed sores.</b>	3	7.5	8.5	7.1
<b>Residents receiving special skin care.</b>	4	10.0	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE PRESBYTERIAN NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
1085 N OREGON ST		ONTARIO OR 97914	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	124	NON-PROFIT OTHER	05/09/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
115	11	104		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	103	89.6	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	87.8	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	97	84.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	75.7	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	92	80.0	78.1	68.2
Residents on individually written bowel and bladder retraining program.	37	32.2	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	56	48.7	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	49	42.6	60.1	50.8
<b>Residents requiring restraints.</b>	83	72.2	52.3	41.3
<b>Confused or disoriented residents.</b>	90	78.3	62.2	58.4
<b>Residents with bed sores.</b>	2	1.7	8.5	7.1
<b>Residents receiving special skin care.</b>	71	61.7	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GOLDEN AGE CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1506 DIVISION ST		OREGON CITY OR 97045	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	48	PROPRIETARY	03/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
45	0	23

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	43	95.6	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	100	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	93.3	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	93.3	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	75.6	76.3	59.1
Residents on individually written bowel and bladder retraining program.	2	4.4	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	33.3	35.8	29.3
<b>Completely bedfast residents.</b>	3	6.7	3.0	3.6
<b>Residents confined to chairs.</b>	40	88.9	58.6	39.1
<b>Residents requiring restraints.</b>	27	60.0	48.8	31.7
<b>Confused or disoriented residents.</b>	14	31.1	68.5	55.8
<b>Residents with bed sores.</b>	5	11.1	8.4	4.7
<b>Residents receiving special skin care.</b>	0	0.0	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE MOUNTAIN VIEW CONVALESCENT CENTER

<b>Street Address:</b> 1400 DIVISION		<b>City and State:</b> OREGON CITY OR 97045	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/19/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 112	<b>Medicare Residents:</b> 14	<b>Medicaid Residents:</b> 61		
---	----------------------------------	----------------------------------	--	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	76.8	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	96	85.7	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	103	92.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	87.5	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	93	83.0	78.1	68.2
Residents on individually written bowel and bladder retraining program.	4	3.6	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	54	48.2	44.0	37.7
<b>Completely bedfast residents.</b>	10	8.9	4.9	3.4
<b>Residents confined to chairs.</b>	60	53.6	60.1	50.8
<b>Residents requiring restraints.</b>	46	41.1	52.3	41.3
<b>Confused or disoriented residents.</b>	88	78.6	62.2	58.4
<b>Residents with bed sores.</b>	8	7.1	8.5	7.1
<b>Residents receiving special skin care.</b>	22	19.6	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OREGON CITY NURSING HOME

<b>Street Address:</b> 148 HOOD ST		<b>City and State:</b> OREGON CITY OR 97045	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 53	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/28/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
45	0	31			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	43	95.6	88.9	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	40	88.9	88.4	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	37	82.2	80.6	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	73.3	77.8	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	32	71.1	76.3	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	15	33.3	35.8	29.3	
Completely bedfast residents.	0	0.0	3.0	3.6	
Residents confined to chairs.	32	71.1	58.6	39.1	
Residents requiring restraints.	22	48.9	48.8	31.7	
Confused or disoriented residents.	31	68.9	68.5	55.8	
Residents with bed sores.	8	17.8	8.4	4.7	
Residents receiving special skin care.	19	42.2	39.0	24.0	

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SIERRA VISTA CARE CENTER

<b>Street Address:</b> 1680 MOLALLA AVE		<b>City and State:</b> OREGON CITY OR 97045	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 102	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 98	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 64		
--	---------------------------------	----------------------------------	--	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	90	91.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	88	89.8	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	63	64.3	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	80.6	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	57	58.2	76.3	59.1
Residents on individually written bowel and bladder retraining program.	3	3.1	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	35.7	35.8	29.3
<b>Completely bedfast residents.</b>	1	1.0	3.0	5.6
<b>Residents confined to chairs.</b>	62	63.3	58.6	39.1
<b>Residents requiring restraints.</b>	59	60.2	48.8	31.7
<b>Confused or disoriented residents.</b>	71	72.4	68.5	55.8
<b>Residents with bed sores.</b>	14	14.3	8.4	4.7
<b>Residents receiving special skin care.</b>	46	46.9	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE CARE CENTER, INC.

<b>Street Address:</b>		<b>City and State:</b>	
707 SW 37TH STREET		PENDLETON OR 97801	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	99	PROPRIETARY	12/17/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
74	0	40

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	73	98.6	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	83.8	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	81.1	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	67.6	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	75.7	76.3	59.1
Residents on individually written bowel and bladder retraining program.	1	1.4	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	23.0	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	34	45.9	58.6	39.1
<b>Residents requiring restraints.</b>	32	43.2	48.8	31.7
<b>Confused or disoriented residents.</b>	55	74.3	68.5	55.8
<b>Residents with bed sores.</b>	4	5.4	8.4	4.7
<b>Residents receiving special skin care.</b>	21	28.4	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE DELAMARTER CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
ROUTE 1 MISSION ROAD (P O BOX 35)		PENDLETON OR 97801	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	84	PROPRIETARY	11/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
57	0	57

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	93.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	51	89.5	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	77.2	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	77.2	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	46	80.7	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	43.9	35.8	29.3
<b>Completely bedfast residents.</b>	2	3.5	3.0	3.6
<b>Residents confined to chairs.</b>	28	49.1	58.6	39.1
<b>Residents requiring restraints.</b>	21	36.8	48.8	31.7
<b>Confused or disoriented residents.</b>	49	86.0	68.5	55.8
<b>Residents with bed sores.</b>	9	15.8	8.4	4.7
<b>Residents receiving special skin care.</b>	23	40.4	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BAPTIST MANOR

<b>Street Address:</b> 900 N E 81ST AVE		<b>City and State:</b> PORTLAND OR 97213	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 94	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 12/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 94	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 94
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	89.4	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	84.0	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	76	80.9	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	80.9	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	80.9	76.3	59.1
Residents on individually written bowel and bladder retraining program.	11	11.7	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	39.4	35.8	29.3
<b>Completely bedfast residents.</b>	7	7.4	3.0	3.6
<b>Residents confined to chairs.</b>	56	59.6	58.6	39.1
<b>Residents requiring restraints.</b>	48	51.1	48.8	31.7
<b>Confused or disoriented residents.</b>	58	61.7	68.5	55.8
<b>Residents with bed sores.</b>	4	4.3	8.4	4.7
<b>Residents receiving special skin care.</b>	20	21.3	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BELMONT CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
4914 S E BELMONT STREET		PORTLAND OR 97215	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	59	PROPRIETARY	09/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
55	0	55	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	89.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	49	89.1	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	74.5	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	76.4	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	80.0	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	70.9	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	42	76.4	58.6	39.1
<b>Residents requiring restraints.</b>	31	56.4	48.8	31.7
<b>Confused or disoriented residents.</b>	32	58.2	68.5	55.8
<b>Residents with bed sores.</b>	4	7.3	8.4	4.7
<b>Residents receiving special skin care.</b>	42	76.4	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BISHOP MORRIS CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2430 N W MARSHALL STREET		PORTLAND OR 97210	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	110	PROPRIETARY	05/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
99	0	71

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	99	100	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	99	100	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	99	100	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	87.9	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	86	86.9	78.1	68.2
Residents on individually written bowel and bladder retraining program.	12	12.1	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	78	78.8	44.0	37.7
<b>Completely bedfast residents.</b>	1	1.0	4.9	3.4
<b>Residents confined to chairs.</b>	94	94.9	60.1	50.8
<b>Residents requiring restraints.</b>	60	60.6	52.3	41.3
<b>Confused or disoriented residents.</b>	70	70.7	62.2	58.4
<b>Residents with bed sores.</b>	3	3.0	8.5	7.1
<b>Residents receiving special skin care.</b>	28	28.3	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE CARE CENTER EAST**

<b>Street Address:</b>		<b>City and State:</b>	
11325 N E WEIDLER ST		PORTLAND OR 97220	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	93	PROPRIETARY	04/15/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
87	0	87	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	81	93.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	81	93.1	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	75	86.2	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	79.3	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	79.3	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	31.0	35.8	29.3
<b>Completely bedfast residents.</b>	1	1.1	3.0	3.6
<b>Residents confined to chairs.</b>	65	74.7	58.6	39.1
<b>Residents requiring restraints.</b>	44	50.6	48.8	31.7
<b>Confused or disoriented residents.</b>	68	78.2	68.5	55.8
<b>Residents with bed sores.</b>	8	9.2	8.4	4.7
<b>Residents receiving special skin care.</b>	48	55.2	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CARE VISTA

<b>Street Address:</b>		<b>City and State:</b>	
9911 SE MT SCOTT BLVD		PORTLAND OR 97266	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	137	PROPRIETARY	01/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
112	0	89

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	99	88.4	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	99	88.4	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	84	75.0	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	77.7	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	89	79.5	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	31.3	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	88	78.6	58.6	39.1
<b>Residents requiring restraints.</b>	39	34.8	48.8	31.7
<b>Confused or disoriented residents.</b>	77	68.8	68.5	55.8
<b>Residents with bed sores.</b>	8	7.1	8.4	4.7
<b>Residents receiving special skin care.</b>	60	53.6	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CARE WEST PLAZA

<b>Street Address:</b>		<b>City and State:</b>	
2250 N.W. KEARNEY STREET		PORTLAND OR 97210	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	132	NON-PROFIT RELIGIOUS	11/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
124	13	75	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	105	84.7	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	120	96.8	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	109	87.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	91.9	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	100	80.6	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	57	46.0	44.0	37.7
<b>Completely bedfast residents.</b>	15	12.1	4.9	3.4
<b>Residents confined to chairs.</b>	98	79.0	60.1	50.8
<b>Residents requiring restraints.</b>	64	51.6	52.3	41.3
<b>Confused or disoriented residents.</b>	70	56.5	62.2	58.4
<b>Residents with bed sores.</b>	24	19.4	8.5	7.1
<b>Residents receiving special skin care.</b>	72	58.1	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## CASCADE TERRACE NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
5601 S E 122ND AVENUE		PORTLAND OR 97236	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	95	PROPRIETARY	01/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
81	0	81	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	73	90.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	71	87.7	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	79.0	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	7.4	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	80.2	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	25.9	35.8	29.3
<b>Completely bedfast residents.</b>	3	3.7	3.0	3.6
<b>Residents confined to chairs.</b>	65	80.2	58.6	39.1
<b>Residents requiring restraints.</b>	42	51.9	48.8	31.7
<b>Confused or disoriented residents.</b>	53	65.4	68.5	55.8
<b>Residents with bed sores.</b>	13	16.0	8.4	4.7
<b>Residents receiving special skin care.</b>	30	37.0	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CENTENNIAL HEALTH CARE CENTER

<b>Street Address:</b>  725 SE 202ND AVE		<b>City and State:</b>  PORTLAND OR 97233	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  106	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  05/23/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  106	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  106
---	-------------------------------------	---------------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	103	97.2	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	102	96.2	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	83.0	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	85.8	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	79	74.5	76.3	59.1
Residents on individually written bowel and bladder retraining program.	7	6.6	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	61	57.5	35.8	29.3
<b>Completely bedfast residents.</b>	17	16.0	3.0	3.6
<b>Residents confined to chairs.</b>	77	72.6	58.6	39.1
<b>Residents requiring restraints.</b>	69	65.1	48.8	31.7
<b>Confused or disoriented residents.</b>	81	76.4	68.5	55.8
<b>Residents with bed sores.</b>	10	9.4	8.4	4.7
<b>Residents receiving special skin care.</b>	34	32.1	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE COLUMBIA MANOR CONVALESCENT CENTER

<b>Street Address:</b> 6010 S W SHATTUCK ROAD		<b>City and State:</b> PORTLAND OR 97221	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 102	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/04/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
88	0	88			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		81	92.0	88.9	78.3
Dressing					
Residents requiring some or total assistance in dressing.		80	90.9	88.4	76.7
Toileting					
Residents requiring some or total assistance in toileting.		71	80.7	80.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		61	69.3	77.8	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		60	68.2	76.3	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	4.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		20	22.7	35.8	29.3
Completely bedfast residents.		2	2.3	3.0	3.6
Residents confined to chairs.		34	38.6	58.6	39.1
Residents requiring restraints.		48	54.5	48.8	31.7
Confused or disoriented residents.		68	77.3	68.5	55.8
Residents with bed sores.		9	10.2	8.4	4.7
Residents receiving special skin care.		60	68.2	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE CRESTVIEW CONVALESCENT

<b>Street Address:</b>		<b>City and State:</b>	
6530 SW 30TH AVE		PORTLAND OR 97201	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	107	PROPRIETARY	08/14/87

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
99		5		0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				94	94.9	89.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				0	0.0	89.0	83.2
Toileting							
Residents requiring some or total assistance in toileting.				93	93.9	85.2	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				88	88.9	87.1	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				88	88.9	78.1	68.2
Residents on individually written bowel and bladder retraining program.				4	4.0	5.3	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				46	46.5	44.0	37.7
Completely bedfast residents.				2	2.0	4.9	3.4
Residents confined to chairs.				63	63.6	60.1	50.8
Residents requiring restraints.				48	48.5	52.3	41.3
Confused or disoriented residents.				75	75.8	62.2	58.4
Residents with bed sores.				5	5.1	8.5	7.1
Residents receiving special skin care.				99	100	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE DEL'S CARE CENTER

<b>Street Address:</b> 315 NE RUSSET		<b>City and State:</b> PORTLAND OR 97211	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 90	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 73	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 43
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	63	86.3	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	66	90.4	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	61	83.6	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	83.6	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	75.3	76.3	59.1
Residents on individually written bowel and bladder retraining program.	16	21.9	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	23.3	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	34	46.6	58.6	39.1
<b>Residents requiring restraints.</b>	29	39.7	48.8	31.7
<b>Confused or disoriented residents.</b>	27	37.0	68.5	55.8
<b>Residents with bed sores.</b>	7	9.6	8.4	4.7
<b>Residents receiving special skin care.</b>	14	19.2	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FRIENDSHIP HEALTH CENTER

<b>Street Address:</b>		<b>City and State:</b>	
3320 SE HOLGATE BLVD		PORTLAND OR 97202	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	NON-PROFIT OTHER	10/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
100	5	34	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	83	83.0	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	94.0	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	80	80.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	74.0	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	73	73.0	78.1	68.2
Residents on individually written bowel and bladder retraining program.	9	9.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	73	73.0	44.0	37.7
<b>Completely bedfast residents.</b>	8	8.0	4.9	3.4
<b>Residents confined to chairs.</b>	69	69.0	60.1	50.8
<b>Residents requiring restraints.</b>	45	45.0	52.3	41.3
<b>Confused or disoriented residents.</b>	69	69.0	62.2	58.4
<b>Residents with bed sores.</b>	15	15.0	8.5	7.1
<b>Residents receiving special skin care.</b>	44	44.0	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GATEWAY CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
39 NE 102ND ST		PORTLAND OR 97220	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	42	PROPRIETARY	05/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
33	0	16

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	28	84.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	32	97.0	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	81.8	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	81.8	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	75.8	76.3	59.1
Residents on individually written bowel and bladder retraining program.	2	6.1	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	24.2	35.8	29.3
<b>Completely bedfast residents.</b>	7	21.2	3.0	3.6
<b>Residents confined to chairs.</b>	21	63.6	58.6	39.1
<b>Residents requiring restraints.</b>	12	36.4	48.8	31.7
<b>Confused or disoriented residents.</b>	21	63.6	68.5	55.8
<b>Residents with bed sores.</b>	1	3.0	8.4	4.7
<b>Residents receiving special skin care.</b>	2	6.1	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GLISAN CARE CENTER

<b>Street Address:</b> 9750 NE GLISAN ST		<b>City and State:</b> PORTLAND OR 97220	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 95	<b>Medicare Residents:</b> 15	<b>Medicaid Residents:</b> 32		
--	----------------------------------	----------------------------------	--	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	85	89.5	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	89.5	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	83	87.4	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	93.7	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	84.2	78.1	68.2
Residents on individually written bowel and bladder retraining program.	12	12.6	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	35.8	44.0	37.7
<b>Completely bedfast residents.</b>	3	3.2	4.9	3.4
<b>Residents confined to chairs.</b>	78	82.1	60.1	50.8
<b>Residents requiring restraints.</b>	44	46.3	52.3	41.3
<b>Confused or disoriented residents.</b>	69	72.6	62.2	58.4
<b>Residents with bed sores.</b>	8	8.4	8.5	7.1
<b>Residents receiving special skin care.</b>	56	58.9	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GRAYSTONE MANOR CONVALESCENT CENTER

<b>Street Address:</b> 12640 S E BUSH		<b>City and State:</b> PORTLAND OR 97236	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 36	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 35	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 25
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	16	45.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	29	82.9	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	77.1	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	74.3	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	74.3	76.3	59.1
Residents on individually written bowel and bladder retraining program.	13	37.1	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	20.0	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	24	68.6	58.6	39.1
<b>Residents requiring restraints.</b>	15	42.9	48.8	31.7
<b>Confused or disoriented residents.</b>	23	65.7	68.5	55.8
<b>Residents with bed sores.</b>	10	28.6	8.4	4.7
<b>Residents receiving special skin care.</b>	4	11.4	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE HAR-LYN CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
10948 SE BOISE ST		PORTLAND OR 97266	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	80	PROPRIETARY	11/12/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
78	0	66

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	92.3	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	76.9	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	82.1	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	64.1	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	64	82.1	76.3	59.1
Residents on individually written bowel and bladder retraining program.	12	15.4	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	55.1	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	49	62.8	58.6	39.1
<b>Residents requiring restraints.</b>	40	51.3	48.8	31.7
<b>Confused or disoriented residents.</b>	74	94.9	68.5	55.8
<b>Residents with bed sores.</b>	4	5.1	8.4	4.7
<b>Residents receiving special skin care.</b>	45	57.7	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HOUSE OF CARE

<b>Street Address:</b> 6003 SE 136TH AVE (P O BOX 66156)		<b>City and State:</b> PORTLAND OR 97236	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 69	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/23/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 67	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 10
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	52	77.6	88.9	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	48	71.6	88.4	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	39	58.2	80.6	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	50.7	77.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	35	52.2	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	24	35.8	35.8	29.3
<b>Completely bedfast residents.</b>	1	1.5	3.0	3.6
<b>Residents confined to chairs.</b>	26	38.8	58.6	39.1
<b>Residents requiring restraints.</b>	11	16.4	48.8	31.7
<b>Confused or disoriented residents.</b>	67	100	68.5	55.8
<b>Residents with bed sores.</b>	1	1.5	8.4	4.7
<b>Residents receiving special skin care.</b>	7	10.4	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## JALLO'S NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
5737 NE 37TH AVE		PORTLAND OR 97211	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	63	PROPRIETARY	08/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
53	0	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	35	66.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	90.6	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	83.0	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	83.0	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	46	86.8	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	41.5	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	11	20.8	58.6	39.1
<b>Residents requiring restraints.</b>	20	37.7	48.8	31.7
<b>Confused or disoriented residents.</b>	35	66.0	68.5	55.8
<b>Residents with bed sores.</b>	3	5.7	8.4	4.7
<b>Residents receiving special skin care.</b>	6	11.3	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE KARRINGTON CARE CENTER

<b>Street Address:</b> 12441 SE STARK STREET		<b>City and State:</b> PORTLAND OR 97220	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 105	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 61	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 37		
--	---------------------------------	----------------------------------	--	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	61	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	54	88.5	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	90.2	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	86.9	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	91.8	76.3	59.1
Residents on individually written bowel and bladder retraining program.	3	4.9	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	14.8	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	53	86.9	58.6	39.1
<b>Residents requiring restraints.</b>	34	55.7	48.8	31.7
<b>Confused or disoriented residents.</b>	51	83.6	68.5	55.8
<b>Residents with bed sores.</b>	8	13.1	8.4	4.7
<b>Residents receiving special skin care.</b>	22	36.1	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE LAURELHURST CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2827 SE SALMON ST		PORTLAND OR 97214	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	85	PROPRIETARY	03/07/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
78	0	65		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	92.3	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	68	87.2	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	87.2	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	74.4	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	71.8	76.3	59.1
Residents on individually written bowel and bladder retraining program.	2	2.6	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	35.9	35.8	29.3
<b>Completely bedfast residents.</b>	21	26.9	3.0	3.6
<b>Residents confined to chairs.</b>	44	56.4	58.6	39.1
<b>Residents requiring restraints.</b>	31	39.7	48.8	31.7
<b>Confused or disoriented residents.</b>	45	57.7	68.5	55.8
<b>Residents with bed sores.</b>	9	11.5	8.4	4.7
<b>Residents receiving special skin care.</b>	21	26.9	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LAWRENCE CONVALESCENT CENTER

<b>Street Address:</b> 821 S E 48TH AVE		<b>City and State:</b> PORTLAND OR 97215	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 40	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 40	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 28	
--	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	34	85.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	33	82.5	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	32	80.0	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	80.0	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	85.0	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	27.5	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	32	80.0	58.6	39.1
<b>Residents requiring restraints.</b>	28	70.0	48.8	31.7
<b>Confused or disoriented residents.</b>	29	72.5	68.5	55.8
<b>Residents with bed sores.</b>	5	12.5	8.4	4.7
<b>Residents receiving special skin care.</b>	21	52.5	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MENLO PARK HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
745 NE 122ND AVE		PORTLAND OR 97220	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	83	PROPRIETARY	12/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
69	3	4		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	67	97.1	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	67	97.1	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	67	97.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	97.1	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	67	97.1	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	50	72.5	44.0	37.7
<b>Completely bedfast residents.</b>	9	13.0	4.9	3.4
<b>Residents confined to chairs.</b>	27	39.1	60.1	50.8
<b>Residents requiring restraints.</b>	48	69.6	52.3	41.3
<b>Confused or disoriented residents.</b>	66	95.7	62.2	58.4
<b>Residents with bed sores.</b>	5	7.2	8.5	7.1
<b>Residents receiving special skin care.</b>	14	20.3	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MOUNT ST. JOSEPH CARE CENTER

<b>Street Address:</b> 3060 SE STARK ST		<b>City and State:</b> PORTLAND OR 97214	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 190	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 07/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 189	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 75	
---	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	185	97.9	89.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	177	93.7	89.0	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	177	93.7	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	93.1	87.1	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	167	88.4	78.1	68.2
Residents on individually written bowel and bladder retraining program.	6	3.2	5.3	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	87	46.0	44.0	37.7
<b>Completely bedfast residents.</b>	11	5.8	4.9	3.4
<b>Residents confined to chairs.</b>	131	69.3	60.1	50.8
<b>Residents requiring restraints.</b>	137	72.5	52.3	41.3
<b>Confused or disoriented residents.</b>	159	84.1	62.2	58.4
<b>Residents with bed sores.</b>	8	4.2	8.5	7.1
<b>Residents receiving special skin care.</b>	83	43.9	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MOUNT TABOR CARE CENTER

<b>Street Address:</b>  7100 SE DIVISION ST		<b>City and State:</b>  PORTLAND OR 97206	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  120	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  11/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  109	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  86
---	-------------------------------------	--------------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>  Residents requiring some or total assistance in bathing.	109	100	88.9	78.3
<b>Dressing</b>  Residents requiring some or total assistance in dressing.	105	96.3	88.4	76.7
<b>Toileting</b>  Residents requiring some or total assistance in toileting.	105	96.3	80.6	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	89.9	77.8	66.0
<b>Continence</b>  Residents with catheters or partial or total loss of bowel or bladder control.	109	100	76.3	59.1
 Residents on individually written bowel and bladder retraining program.	1	0.9	4.1	6.1
<b>Eating</b>  Residents receiving tube feedings or requiring assistance with eating.	26	23.9	35.8	29.3
 <b>Completely bedfast residents.</b>	4	3.7	3.0	3.6
 <b>Residents confined to chairs.</b>	95	87.2	58.6	39.1
 <b>Residents requiring restraints.</b>	35	32.1	48.8	31.7
 <b>Confused or disoriented residents.</b>	104	95.4	68.5	55.8
 <b>Residents with bed sores.</b>	18	16.5	8.4	4.7
 <b>Residents receiving special skin care.</b>	14	12.8	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PARK FOREST CARE CENTER

<b>Street Address:</b> 8619 NE BEECH ST		<b>City and State:</b> PORTLAND OR 97220	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 61	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 61	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 25
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	77.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	47	77.0	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	51	83.6	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	70.5	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	52.5	76.3	59.1
Residents on individually written bowel and bladder retraining program.	4	6.6	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	27.9	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	30	49.2	58.6	39.1
<b>Residents requiring restraints.</b>	27	44.3	48.8	31.7
<b>Confused or disoriented residents.</b>	42	68.9	68.5	55.8
<b>Residents with bed sores.</b>	1	1.6	8.4	4.7
<b>Residents receiving special skin care.</b>	8	13.1	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PARK VIEW NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
2425 SW 6TH		PORTLAND OR 97201	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF/ICF	85	PROPRIETARY	12/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
85	0	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	77	90.6	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	97.6	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	71	83.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	78.8	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	76.5	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	66	77.6	44.0	37.7
<b>Completely bedfast residents.</b>	5	5.9	4.9	3.4
<b>Residents confined to chairs.</b>	38	44.7	60.1	50.8
<b>Residents requiring restraints.</b>	27	31.8	52.3	41.3
<b>Confused or disoriented residents.</b>	34	40.0	62.2	58.4
<b>Residents with bed sores.</b>	4	4.7	8.5	7.1
<b>Residents receiving special skin care.</b>	15	17.6	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PARKROSE NURSING HOME

<b>Street Address:</b> 10336 NE WYGANT ST		<b>City and State:</b> PORTLAND OR 97220	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 58	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/30/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
46	2	33			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	46	100	89.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	43	93.5	89.0	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	42	91.3	85.2	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	84.8	87.1	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	41	89.1	78.1	68.2	
Residents on individually written bowel and bladder retraining program.	1	2.2	5.3	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	20	43.5	44.0	37.7	
Completely bedfast residents.	0	0.0	4.9	3.4	
Residents confined to chairs.	43	93.5	60.1	50.8	
Residents requiring restraints.	35	76.1	52.3	41.3	
Confused or disoriented residents.	30	65.2	62.2	58.4	
Residents with bed sores.	5	10.9	8.5	7.1	
Residents receiving special skin care.	13	28.3	33.5	31.2	

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PORTHAVEN CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
5330 NE PRESCOTT ST		PORTLAND OR 97218	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	04/01/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
86	6	3		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	58	67.4	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	78	90.7	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	66	76.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	81.4	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	60.5	78.1	68.2
Residents on individually written bowel and bladder retraining program.	17	19.8	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	45.3	44.0	37.7
<b>Completely bedfast residents.</b>	6	7.0	4.9	3.4
<b>Residents confined to chairs.</b>	36	41.9	60.1	50.8
<b>Residents requiring restraints.</b>	37	43.0	52.3	41.3
<b>Confused or disoriented residents.</b>	38	44.2	62.2	58.4
<b>Residents with bed sores.</b>	6	7.0	8.5	7.1
<b>Residents receiving special skin care.</b>	8	9.3	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PORTLAND ADVENTIST CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
6045 SE BELMONT		PORTLAND OR 97215	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	175	NON-PROFIT RELIGIOUS	03/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
165	9	45

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	150	90.9	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	158	95.8	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	154	93.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	93.3	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	141	85.5	78.1	68.2
Residents on individually written bowel and bladder retraining program.	12	7.3	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	86	52.1	44.0	37.7
<b>Completely bedfast residents.</b>	4	2.4	4.9	3.4
<b>Residents confined to chairs.</b>	127	77.0	60.1	50.8
<b>Residents requiring restraints.</b>	114	69.1	52.3	41.3
<b>Confused or disoriented residents.</b>	111	67.3	62.2	58.4
<b>Residents with bed sores.</b>	21	12.7	8.5	7.1
<b>Residents receiving special skin care.</b>	37	22.4	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## POWELLHURST NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
13033 S E HOLGATE BOULEVARD		PORTLAND OR 97236	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	77	PROPRIETARY	01/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
68	0	49

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	68	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	63	92.6	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	63	92.6	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	85.3	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	92.6	76.3	59.1
Residents on individually written bowel and bladder retraining program.	3	4.4	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	45.6	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	33	48.5	58.6	39.1
<b>Residents requiring restraints.</b>	34	50.0	48.8	31.7
<b>Confused or disoriented residents.</b>	60	88.2	68.5	55.8
<b>Residents with bed sores.</b>	6	8.8	8.4	4.7
<b>Residents receiving special skin care.</b>	68	100	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PROVIDENCE CHILD CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
830 N E 47TH AVENUE		PORTLAND OR 97213	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	54	NON-PROFIT OTHER	06/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
54	0	52

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	54	100	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	54	100	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	100	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	100	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	100	78.1	68.2
Residents on individually written bowel and bladder retraining program.	2	3.7	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	53	98.1	44.0	37.7
<b>Completely bedfast residents.</b>	54	100	4.9	3.4
<b>Residents confined to chairs.</b>	0	0.0	60.1	50.8
<b>Residents requiring restraints.</b>	0	0.0	52.3	41.3
<b>Confused or disoriented residents.</b>	0	0.0	62.2	58.4
<b>Residents with bed sores.</b>	0	0.0	8.5	7.1
<b>Residents receiving special skin care.</b>	21	38.9	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PROVIDENCE MEDICAL CENTER

<b>Street Address:</b> 4805 N.E. GLISAN		<b>City and State:</b> PORTLAND OR 97213	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 20	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 09/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 10	<b>Medicare Residents:</b> 9	<b>Medicaid Residents:</b> 0		
--	---------------------------------	---------------------------------	--	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	8	80.0	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	10	100	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	10	100	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	100	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	8	80.0	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	3	30.0	44.0	37.7
<b>Completely bedfast residents.</b>	2	20.0	4.9	3.4
<b>Residents confined to chairs.</b>	2	20.0	60.1	50.8
<b>Residents requiring restraints.</b>	2	20.0	52.3	41.3
<b>Confused or disoriented residents.</b>	3	30.0	62.2	58.4
<b>Residents with bed sores.</b>	0	0.0	8.5	7.1
<b>Residents receiving special skin care.</b>	2	20.0	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE RALEIGH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
6630 S W BEAVERTON-HILLSDALE HWY		PORTLAND OR 97225	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	90	PROPRIETARY	10/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
88	0	69

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	95.5	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	95.5	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	78	88.6	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	90.9	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	73	83.0	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	35.2	35.8	29.3
<b>Completely bedfast residents.</b>	2	2.3	3.0	3.6
<b>Residents confined to chairs.</b>	20	22.7	58.6	39.1
<b>Residents requiring restraints.</b>	18	20.5	48.8	31.7
<b>Confused or disoriented residents.</b>	57	64.8	68.5	55.8
<b>Residents with bed sores.</b>	6	6.8	8.4	4.7
<b>Residents receiving special skin care.</b>	88	100	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE REEDWOOD EXTENDED CARE CENTER

<b>Street Address:</b> 3540 SE FRANCIS ST		<b>City and State:</b> PORTLAND OR 97202	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 0
--	---------------------------------	---------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	100	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	100	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	58	96.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	95.0	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	50	83.3	78.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	41.7	44.0	37.7
<b>Completely bedfast residents.</b>	3	5.0	4.9	3.4
<b>Residents confined to chairs.</b>	54	90.0	60.1	50.8
<b>Residents requiring restraints.</b>	37	61.7	52.3	41.3
<b>Confused or disoriented residents.</b>	41	68.3	62.2	58.4
<b>Residents with bed sores.</b>	8	13.3	8.5	7.1
<b>Residents receiving special skin care.</b>	8	13.3	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ROBISON JEWISH HOME

<b>Street Address:</b>		<b>City and State:</b>	
6125 SW BOUNDARY ROAD		PORTLAND OR 97221	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	87	NON-PROFIT OTHER	06/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
79	6	46

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	79	100	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	72	91.1	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	66	83.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	89.9	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	67	84.8	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	45.6	44.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.9	3.4
<b>Residents confined to chairs.</b>	33	41.8	60.1	50.8
<b>Residents requiring restraints.</b>	36	45.6	52.3	41.3
<b>Confused or disoriented residents.</b>	56	70.9	62.2	58.4
<b>Residents with bed sores.</b>	7	8.9	8.5	7.1
<b>Residents receiving special skin care.</b>	18	22.8	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE ROSE CITY NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
34 NE 20TH AVE		PORTLAND OR 97232	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	30	PROPRIETARY	08/28/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
29	0	26		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	26	89.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	24	82.8	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	22	75.9	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	72.4	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	24	82.8	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	13.8	35.8	29.3
<b>Completely bedfast residents.</b>	1	3.4	3.0	3.6
<b>Residents confined to chairs.</b>	15	51.7	58.6	39.1
<b>Residents requiring restraints.</b>	11	37.9	48.8	31.7
<b>Confused or disoriented residents.</b>	8	27.6	68.5	55.8
<b>Residents with bed sores.</b>	2	6.9	8.4	4.7
<b>Residents receiving special skin care.</b>	8	27.6	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE WEST HILLS CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
5701 S W MULTNOMAH BLVD		PORTLAND OR 97219	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	11/20/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
131	10	22

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	126	96.2	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	108	82.4	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	101	77.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	79.4	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	61.1	78.1	68.2
Residents on individually written bowel and bladder retraining program.	6	4.6	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	59	45.0	44.0	37.7
<b>Completely bedfast residents.</b>	3	2.3	4.9	3.4
<b>Residents confined to chairs.</b>	41	31.3	60.1	50.8
<b>Residents requiring restraints.</b>	73	55.7	52.3	41.3
<b>Confused or disoriented residents.</b>	82	62.6	62.2	58.4
<b>Residents with bed sores.</b>	11	8.4	8.5	7.1
<b>Residents receiving special skin care.</b>	32	24.4	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE BLUE MOUNTAIN NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
112 E FIFTH ST		PRAIRIE CITY OR 97869	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	52	NON-PROFIT OTHER	09/11/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
44	0	27

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	43	97.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	39	88.6	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	81.8	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	72.7	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	79.5	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	25.0	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	18	40.9	58.6	39.1
<b>Residents requiring restraints.</b>	22	50.0	48.8	31.7
<b>Confused or disoriented residents.</b>	33	75.0	68.5	55.8
<b>Residents with bed sores.</b>	2	4.5	8.4	4.7
<b>Residents receiving special skin care.</b>	12	27.3	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CROOK COUNTY NURSING HOME

<b>Street Address:</b> 1201 N ELM		<b>City and State:</b> PRINEVILLE OR 97754	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 22	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 09/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 22	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 22	
--	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	21	95.5	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	21	95.5	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	22	100	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	86.4	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	20	90.9	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	40.9	35.8	29.3
<b>Completely bedfast residents.</b>	3	13.6	3.0	3.6
<b>Residents confined to chairs.</b>	16	72.7	58.6	39.1
<b>Residents requiring restraints.</b>	10	45.5	48.8	31.7
<b>Confused or disoriented residents.</b>	17	77.3	68.5	55.8
<b>Residents with bed sores.</b>	0	0.0	8.4	4.7
<b>Residents receiving special skin care.</b>	5	22.7	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE OCHOCO NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
950 N ELM ST		PRINEVILLE OR 97754	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	63	PROPRIETARY	10/16/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
52	0	35	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	88.5	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	88.5	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	96.2	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	90.4	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	47	90.4	76.3	59.1
Residents on individually written bowel and bladder retraining program.	4	7.7	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	44.2	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	33	63.5	58.6	39.1
<b>Residents requiring restraints.</b>	26	50.0	48.8	31.7
<b>Confused or disoriented residents.</b>	19	36.5	68.5	55.8
<b>Residents with bed sores.</b>	0	0.0	8.4	4.7
<b>Residents receiving special skin care.</b>	6	11.5	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE REDMOND HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
3025 SW RESERVOIR DRIVE		REDMOND OR 97756	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	67	PROPRIETARY	11/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
63	0	63

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	95.2	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	84.1	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	49	77.8	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	74.6	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	81.0	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	44.4	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	47	74.6	58.6	39.1
<b>Residents requiring restraints.</b>	34	54.0	48.8	31.7
<b>Confused or disoriented residents.</b>	47	74.6	68.5	55.8
<b>Residents with bed sores.</b>	12	19.0	8.4	4.7
<b>Residents receiving special skin care.</b>	4	6.3	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## LOWER UMPQUA HOSPITAL NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
600 RANCH RD		REEDSPORT OR 97467	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	22	NON-PROFIT OTHER	05/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
18	17	0		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		7	38.9	89.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		15	83.3	89.0
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		13	72.2	85.2
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		15	83.3	87.1
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		12	66.7	78.1
Residents on individually written bowel and bladder retraining program.		0	0.0	5.3
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		4	22.2	44.0
<b>Completely bedfast residents.</b>		0	0.0	4.9
<b>Residents confined to chairs.</b>		5	27.8	60.1
<b>Residents requiring restraints.</b>		8	44.4	52.3
<b>Confused or disoriented residents.</b>		9	50.0	62.2
<b>Residents with bed sores.</b>		1	5.6	8.5
<b>Residents receiving special skin care.</b>		7	38.9	33.5

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GRANDVIEW CARE HOME

<b>Street Address:</b>		<b>City and State:</b>	
1199 NE GRANDVIEW DRIVE		ROSEBURG OR 97470	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	83	PROPRIETARY	01/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
71	0	50		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	63	88.7	88.9	78.9
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	87.3	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	84.5	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	84.5	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	77.5	76.3	59.1
Residents on individually written bowel and bladder retraining program.	1	1.4	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	63.4	35.8	29.3
<b>Completely bedfast residents.</b>	6	8.5	3.0	3.6
<b>Residents confined to chairs.</b>	52	73.2	58.6	39.1
<b>Residents requiring restraints.</b>	34	47.9	48.8	31.7
<b>Confused or disoriented residents.</b>	66	93.0	68.5	55.8
<b>Residents with bed sores.</b>	10	14.1	8.4	4.7
<b>Residents receiving special skin care.</b>	21	29.6	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MERCY CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
525 WEST UMPQUA ST		ROSEBURG OR 97470	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	122	NON-PROFIT RELIGIOUS	07/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
119		5		60	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		111	93.3	89.3	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		103	86.6	89.0	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		101	84.9	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		102	85.7	87.1	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		102	85.7	78.1	68.2
Residents on individually written bowel and bladder retraining program.		38	31.9	5.3	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		69	58.0	44.0	37.7
<b>Completely bedfast residents.</b>		15	12.6	4.9	3.4
<b>Residents confined to chairs.</b>		86	72.3	60.1	50.8
<b>Residents requiring restraints.</b>		66	55.5	52.3	41.3
<b>Confused or disoriented residents.</b>		95	79.8	62.2	58.4
<b>Residents with bed sores.</b>		9	7.6	8.5	7.1
<b>Residents receiving special skin care.</b>		18	15.1	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ROSE HAVEN NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
740 NW HILL PLACE		ROSEBURG OR 97470	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	193	PROPRIETARY	03/02/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
172	5	117		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		162	94.2	89.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		143	83.1	89.0
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		130	75.6	85.2
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		133	77.3	87.1
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		122	70.9	78.1
Residents on individually written bowel and bladder retraining program.		0	0.0	5.3
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		70	40.7	44.0
<b>Completely bedfast residents.</b>		3	1.7	4.9
<b>Residents confined to chairs.</b>		94	54.7	60.1
<b>Residents requiring restraints.</b>		78	45.3	52.3
<b>Confused or disoriented residents.</b>		82	47.7	62.2
<b>Residents with bed sores.</b>		14	8.1	8.5
<b>Residents receiving special skin care.</b>		34	19.8	33.5

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OREGON HEALTH CARE CNTR - MEADOW PARK

<b>Street Address:</b>		<b>City and State:</b>	
75 SHORE DRIVE		SAINT HELENS OR 97051	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	92	NON-PROFIT PRIVATE	11/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
85	0	61		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	96.5	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	81	95.3	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	76	89.4	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	88.2	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	60.0	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	28.2	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	69	81.2	58.6	39.1
<b>Residents requiring restraints.</b>	39	45.9	48.8	31.7
<b>Confused or disoriented residents.</b>	49	57.6	68.5	55.8
<b>Residents with bed sores.</b>	10	11.8	8.4	4.7
<b>Residents receiving special skin care.</b>	85	100	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CAPITOL VIEW HEALTH CARE CENTER

<b>Street Address:</b> 875 OAK ST		<b>City and State:</b> SALEM OR 97301	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 69	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 63	<b>Medicare Residents:</b> 6	<b>Medicaid Residents:</b> 39
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	62	98.4	89.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	63	100	89.0	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	58	92.1	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	87.1	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	50	79.4	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	39	61.9	44.0	37.7
Completely bedfast residents.	1	1.6	4.9	3.4
Residents confined to chairs.	43	68.3	60.1	50.8
Residents requiring restraints.	37	58.7	52.3	41.3
Confused or disoriented residents.	30	47.6	62.2	58.4
Residents with bed sores.	14	22.2	8.5	7.1
Residents receiving special skin care.	22	34.9	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE IMPERIAL MANOR

<b>Street Address:</b> 2630 CHURCH ST NE		<b>City and State:</b> SALEM OR 97301	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 65	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/09/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 50	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 50
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	45	90.0	88.9	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	44	88.0	88.4	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	40	80.0	80.6	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	72.0	77.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	40	80.0	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	12	24.0	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	32	64.0	58.6	39.1
<b>Residents requiring restraints.</b>	30	60.0	48.8	31.7
<b>Confused or disoriented residents.</b>	34	68.0	68.5	55.8
<b>Residents with bed sores.</b>	13	26.0	8.4	4.7
<b>Residents receiving special skin care.</b>	26	52.0	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE KEIZER HEALTH CARE CENTER

<b>Street Address:</b> 2360 GREAR ST NE		<b>City and State:</b> SALEM OR 97301	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 32	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 30	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 0
--	---------------------------------	---------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	30	100	88.9	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	29	96.7	88.4	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	29	96.7	80.6	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	93.3	77.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	28	93.3	76.3	59.1
Residents on individually written bowel and bladder retraining program.	2	6.7	4.1	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	13	43.3	35.8	29.3
<b>Completely bedfast residents.</b>	2	6.7	3.0	3.6
<b>Residents confined to chairs.</b>	18	60.0	58.6	39.1
<b>Residents requiring restraints.</b>	12	40.0	48.8	31.7
<b>Confused or disoriented residents.</b>	28	93.3	68.5	55.8
<b>Residents with bed sores.</b>	5	16.7	8.4	4.7
<b>Residents receiving special skin care.</b>	12	40.0	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE OAK CREST CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2933 CENTER STREET N E		SALEM OR 97301	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	110	PROPRIETARY	08/21/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
98	0	79

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	89	90.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	92	93.9	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	81	82.7	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	66.3	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	72	73.5	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	37.8	35.8	29.3
<b>Completely bedfast residents.</b>	2	2.0	3.0	3.6
<b>Residents confined to chairs.</b>	65	66.3	58.6	39.1
<b>Residents requiring restraints.</b>	43	43.9	48.8	31.7
<b>Confused or disoriented residents.</b>	64	65.3	68.5	55.8
<b>Residents with bed sores.</b>	12	12.2	8.4	4.7
<b>Residents receiving special skin care.</b>	50	51.0	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PLANTATION CARE CENTER

<b>Street Address:</b> 820 COTTAGE ST NE		<b>City and State:</b> SALEM OR 97302	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/02/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 89	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 89
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	73	82.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	93.3	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	78	87.6	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	100	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	67	75.3	76.3	59.1
Residents on individually written bowel and bladder retraining program.	2	2.2	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	29.2	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	59	66.3	58.6	39.1
<b>Residents requiring restraints.</b>	43	48.3	48.8	31.7
<b>Confused or disoriented residents.</b>	22	24.7	68.5	55.8
<b>Residents with bed sores.</b>	5	5.6	8.4	4.7
<b>Residents receiving special skin care.</b>	5	5.6	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SHERWOOD PARK NURSING HOME

<b>Street Address:</b> 4062 ARLETA AVE N E		<b>City and State:</b> SALEM OR 97303	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 44	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 44		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 14	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		42	95.5	88.9	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		40	90.9	88.4	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		41	93.2	80.6	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		38	86.4	77.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		34	77.3	76.3	59.1
Residents on individually written bowel and bladder retraining program.		2	4.5	4.1	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		19	43.2	35.8	29.3
<b>Completely bedfast residents.</b>		1	2.3	3.0	3.6
<b>Residents confined to chairs.</b>		36	81.8	58.6	39.1
<b>Residents requiring restraints.</b>		33	75.0	48.8	31.7
<b>Confused or disoriented residents.</b>		41	93.2	68.5	55.8
<b>Residents with bed sores.</b>		4	9.1	8.4	4.7
<b>Residents receiving special skin care.</b>		25	56.8	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SOUTH SALEM CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
4120 KURTH ST SOUTH		SALEM OR 97302	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	72	PROPRIETARY	03/03/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
63	0	53		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	90.5	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	52	82.5	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	69.8	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	100	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	68.3	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	42.9	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	41	65.1	58.6	39.1
<b>Residents requiring restraints.</b>	25	39.7	48.8	31.7
<b>Confused or disoriented residents.</b>	34	54.0	68.5	55.8
<b>Residents with bed sores.</b>	6	9.5	8.4	4.7
<b>Residents receiving special skin care.</b>	37	58.7	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE SUNNYSIDE CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
4515 SUNNYSIDE ROAD SE		SALEM OR 97302	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	124	PROPRIETARY	03/15/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
117	0	117		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	82.9	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	102	87.2	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	78.6	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	78.6	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	68.4	76.3	59.1
Residents on individually written bowel and bladder retraining program.	1	0.9	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	17.9	35.8	29.3
<b>Completely bedfast residents.</b>	1	0.9	3.0	3.6
<b>Residents confined to chairs.</b>	61	52.1	58.6	39.1
<b>Residents requiring restraints.</b>	46	39.3	48.8	31.7
<b>Confused or disoriented residents.</b>	70	59.8	68.5	55.8
<b>Residents with bed sores.</b>	13	11.1	8.4	4.7
<b>Residents receiving special skin care.</b>	17	14.5	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TIERRA ROSE CARE CENTER

<b>Street Address:</b> 4254 WEATHERS N.E.		<b>City and State:</b> SALEM OR 97301	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 46	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 44	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 25
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	95.5	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	34	77.3	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	77.3	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	68.2	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	40.9	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	21	47.7	58.6	39.1
<b>Residents requiring restraints.</b>	24	54.5	48.8	31.7
<b>Confused or disoriented residents.</b>	27	61.4	68.5	55.8
<b>Residents with bed sores.</b>	2	4.5	8.4	4.7
<b>Residents receiving special skin care.</b>	7	15.9	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BISHOP'S HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
39641 SCENIC ST		SANDY OR 97055	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	63	PROPRIETARY	05/06/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
47	0	38		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	93.6	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	93.6	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	93.6	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	93.6	76.3	59.1
Residents on individually written bowel and bladder retraining program.	3	6.4	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	42.6	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	43	91.5	58.6	39.1
<b>Residents requiring restraints.</b>	22	46.8	48.8	31.7
<b>Confused or disoriented residents.</b>	36	76.6	68.5	55.8
<b>Residents with bed sores.</b>	9	19.1	8.4	4.7
<b>Residents receiving special skin care.</b>	0	0.0	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ORCHARD CREST CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
19130 S E BARNSTEDT ROAD		SANDY OR 97055	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	28	PROPRIETARY	01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
24	0	21	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	23	95.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	21	87.5	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	14	58.3	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	58.3	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	19	79.2	76.3	59.1
Residents on individually written bowel and bladder retraining program.	6	25.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	54.2	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	6	25.0	58.6	39.1
<b>Residents requiring restraints.</b>	13	54.2	48.8	31.7
<b>Confused or disoriented residents.</b>	22	91.7	68.5	55.8
<b>Residents with bed sores.</b>	2	8.3	8.4	4.7
<b>Residents receiving special skin care.</b>	2	8.3	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE COLUMBIA CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
33910 E. COLUMBIA AVE. (PO BOX 1068)		SCAPPOOSE OR 97056	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	41	NON-PROFIT OTHER	03/03/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
37	0	37			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	33	89.2	88.9	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	36	97.3	88.4	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	34	91.9	80.6	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	89.2	77.8	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	34	91.9	76.3	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	15	40.5	35.8	29.3	
Completely bedfast residents.	1	2.7	3.0	3.6	
Residents confined to chairs.	19	51.4	58.6	39.1	
Residents requiring restraints.	22	59.5	48.8	31.7	
Confused or disoriented residents.	33	89.2	68.5	55.8	
Residents with bed sores.	5	13.5	8.4	4.7	
Residents receiving special skin care.	13	35.1	39.0	24.0	

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE SEASIDE CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
822 NECANICUM DRIVE		SEASIDE OR 97138	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	100	PROPRIETARY	04/18/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
54	0	54

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	50	92.6	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	85.2	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	81.5	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	83.3	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	72.2	76.3	59.1
Residents on individually written bowel and bladder retraining program.	1	1.9	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	42.6	35.8	29.3
<b>Completely bedfast residents.</b>	2	3.7	3.0	3.6
<b>Residents confined to chairs.</b>	31	57.4	58.6	39.1
<b>Residents requiring restraints.</b>	36	66.7	48.8	31.7
<b>Confused or disoriented residents.</b>	32	59.3	68.5	55.8
<b>Residents with bed sores.</b>	11	20.4	8.4	4.7
<b>Residents receiving special skin care.</b>	25	46.3	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SHERIDAN CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
411 S E SHERIDAN ROAD		SHERIDAN OR 97378	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	55	PROPRIETARY	09/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
54	0	40	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	54	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	77.8	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	34	63.0	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	100	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	64.8	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	29.6	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	19	35.2	58.6	39.1
<b>Residents requiring restraints.</b>	28	51.9	48.8	31.7
<b>Confused or disoriented residents.</b>	38	70.4	68.5	55.8
<b>Residents with bed sores.</b>	0	0.0	8.4	4.7
<b>Residents receiving special skin care.</b>	26	48.1	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CARE CENTER, INC.

<b>Street Address:</b>		<b>City and State:</b>	
115 S JAMES AVENUE		SILVERTON OR 97381	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	52	PROPRIETARY	03/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
49	0	27	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	93.9	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	91.8	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	79.6	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	79.6	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	65.3	76.3	59.1
Residents on individually written bowel and bladder retraining program.	7	14.3	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	46.9	35.8	29.3
<b>Completely bedfast residents.</b>	1	2.0	3.0	3.6
<b>Residents confined to chairs.</b>	17	34.7	58.6	39.1
<b>Residents requiring restraints.</b>	26	53.1	48.8	31.7
<b>Confused or disoriented residents.</b>	47	95.9	68.5	55.8
<b>Residents with bed sores.</b>	2	4.1	8.4	4.7
<b>Residents receiving special skin care.</b>	46	93.9	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE RIVERVIEW CONVALESCENT CENTER

<b>Street Address:</b>  1164 S WATER STREET		<b>City and State:</b>  SILVERTON OR 97381	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  64	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  06/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  49	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  35	
--	-------------------------------------	--------------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	43	87.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	40	81.6	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	81.6	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	81.6	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	55.1	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	22.4	35.8	29.3
<b>Completely bedfast residents.</b>	5	10.2	3.0	3.6
<b>Residents confined to chairs.</b>	16	32.7	58.6	39.1
<b>Residents requiring restraints.</b>	29	59.2	48.8	31.7
<b>Confused or disoriented residents.</b>	38	77.6	68.5	55.8
<b>Residents with bed sores.</b>	2	4.1	8.4	4.7
<b>Residents receiving special skin care.</b>	11	22.4	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MCKENZIE MANOR NURSING HOME

<b>Street Address:</b> 1331 N FIRST ST		<b>City and State:</b> SPRINGFIELD OR 97477	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 153	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 143	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 95		
---	---------------------------------	----------------------------------	--	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	125	87.4	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	136	95.1	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	136	95.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	95.1	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	95	66.4	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	68	47.6	44.0	37.7
<b>Completely bedfast residents.</b>	5	3.5	4.9	3.4
<b>Residents confined to chairs.</b>	61	42.7	60.1	50.8
<b>Residents requiring restraints.</b>	93	65.0	52.3	41.3
<b>Confused or disoriented residents.</b>	99	69.2	62.2	58.4
<b>Residents with bed sores.</b>	6	4.2	8.5	7.1
<b>Residents receiving special skin care.</b>	7	4.9	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MARIAN HOME

<b>Street Address:</b>  360 CHURCH STREET		<b>City and State:</b>  SUBLIMITY OR 97385	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  174	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  10/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  160	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  70
---	-------------------------------------	--------------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	151	94.4	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	146	91.2	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	134	83.7	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	86.2	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	145	90.6	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	83	51.9	35.8	29.3
<b>Completely bedfast residents.</b>	4	2.5	3.0	3.6
<b>Residents confined to chairs.</b>	125	78.1	58.6	39.1
<b>Residents requiring restraints.</b>	66	41.2	48.8	31.7
<b>Confused or disoriented residents.</b>	121	75.6	68.5	55.8
<b>Residents with bed sores.</b>	16	10.0	8.4	4.7
<b>Residents receiving special skin care.</b>	27	16.9	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TWIN OAKS CARE CENTER, INC.

<b>Street Address:</b> 950 NANDINA ST		<b>City and State:</b> SWEET HOME OR 97386	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 44	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 43	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 43	
--	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	43	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	37	86.0	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	34	79.1	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	81.4	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	74.4	76.3	59.1
Residents on individually written bowel and bladder retraining program.	11	25.6	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	34.9	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	35	81.4	58.6	39.1
<b>Residents requiring restraints.</b>	25	58.1	48.8	31.7
<b>Confused or disoriented residents.</b>	17	39.5	68.5	55.8
<b>Residents with bed sores.</b>	3	7.0	8.4	4.7
<b>Residents receiving special skin care.</b>	43	100	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE COLUMBIA BASIN NURSING HOME

<b>Street Address:</b> 1015 WEBBER ST		<b>City and State:</b> THE DALLES OR 97058	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 05/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 118	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 58		
---	---------------------------------	----------------------------------	--	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	113	95.8	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	116	98.3	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	99	83.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	75.4	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	93	78.8	78.1	68.2
Residents on individually written bowel and bladder retraining program.	7	5.9	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	28.8	44.0	37.7
<b>Completely bedfast residents.</b>	1	0.8	4.9	3.4
<b>Residents confined to chairs.</b>	81	68.6	60.1	50.8
<b>Residents requiring restraints.</b>	71	60.2	52.3	41.3
<b>Confused or disoriented residents.</b>	68	57.6	62.2	58.4
<b>Residents with bed sores.</b>	2	1.7	8.5	7.1
<b>Residents receiving special skin care.</b>	2	1.7	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE VALLEY VISTA

<b>Street Address:</b> 1023 W. 25TH AVENUE		<b>City and State:</b> THE DALLES OR 97058	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 83	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/31/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 74	<b>Medicare Residents:</b> 4	<b>Medicaid Residents:</b> 70
--	---------------------------------	----------------------------------

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	66	89.2	89.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	61	82.4	89.0	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	51	68.9	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	75.7	87.1	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	44	59.5	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	12	16.2	44.0	37.7
<b>Completely bedfast residents.</b>	2	2.7	4.9	3.4
<b>Residents confined to chairs.</b>	24	32.4	60.1	50.8
<b>Residents requiring restraints.</b>	35	47.3	52.3	41.3
<b>Confused or disoriented residents.</b>	62	83.8	62.2	58.4
<b>Residents with bed sores.</b>	11	14.9	8.5	7.1
<b>Residents receiving special skin care.</b>	23	31.1	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE KING CITY CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
16485 SW PACIFIC HIGHWAY		TIGARD OR 97223	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	148	PROPRIETARY	01/27/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
92	6	32	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	91.3	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	91.3	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	84	91.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	91.3	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	68.5	78.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	42	45.7	44.0	37.7
<b>Completely bedfast residents.</b>	12	13.0	4.9	3.4
<b>Residents confined to chairs.</b>	77	83.7	60.1	50.8
<b>Residents requiring restraints.</b>	47	51.1	52.3	41.3
<b>Confused or disoriented residents.</b>	58	63.0	62.2	58.4
<b>Residents with bed sores.</b>	13	14.1	8.5	7.1
<b>Residents receiving special skin care.</b>	29	31.5	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TILLAMOOK CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2500 NIELSEN RD		TILLAMOOK OR 97141	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	101	PROPRIETARY	08/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
65	4	38

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	92.3	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	87.7	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	51	78.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	80.0	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	47	72.3	78.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	44.6	44.0	37.7
<b>Completely bedfast residents.</b>	7	10.8	4.9	3.4
<b>Residents confined to chairs.</b>	25	38.5	60.1	50.8
<b>Residents requiring restraints.</b>	25	38.5	52.3	41.3
<b>Confused or disoriented residents.</b>	39	60.0	62.2	58.4
<b>Residents with bed sores.</b>	5	7.7	8.5	7.1
<b>Residents receiving special skin care.</b>	22	33.8	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WOOD VILLAGE NURSING MANOR

<b>Street Address:</b> 2060 N E 238TH DRIVE		<b>City and State:</b> TROUTDALE OR 97060	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 56	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/07/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
48	0	48			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		35	72.9	88.9	78.3
Dressing					
Residents requiring some or total assistance in dressing.		24	50.0	88.4	76.7
Toileting					
Residents requiring some or total assistance in toileting.		18	37.5	80.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		14	29.2	77.8	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		30	62.5	76.3	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	4.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		5	10.4	35.8	29.3
Completely bedfast residents.		0	0.0	3.0	3.6
Residents confined to chairs.		5	10.4	58.6	39.1
Residents requiring restraints.		5	10.4	48.8	31.7
Confused or disoriented residents.		18	37.5	68.5	55.8
Residents with bed sores.		0	0.0	8.4	4.7
Residents receiving special skin care.		15	31.3	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PIONEER NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
1060 D STREET WEST		VALE OR 97918	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	56	LOCAL GOVERNMENT	09/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
51	0	27

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	86.3	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	88.2	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	76.5	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	88.2	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	42	82.4	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	56.9	35.8	29.3
<b>Completely bedfast residents.</b>	1	2.0	3.0	3.6
<b>Residents confined to chairs.</b>	39	76.5	58.6	39.1
<b>Residents requiring restraints.</b>	29	56.9	48.8	31.7
<b>Confused or disoriented residents.</b>	36	70.6	68.5	55.8
<b>Residents with bed sores.</b>	3	5.9	8.4	4.7
<b>Residents receiving special skin care.</b>	9	17.6	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE WEST LINN NURSING HOME, INC.

<b>Street Address:</b> 2330 DEBOK ROAD		<b>City and State:</b> WEST LINN OR 97068	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 62	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/22/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 61	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 52	
--	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	83.6	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	68.9	88.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	63.9	80.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	63.9	77.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	46	75.4	76.3	59.1
Residents on individually written bowel and bladder retraining program.	9	14.8	4.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	21.3	35.8	29.3
<b>Completely bedfast residents.</b>	1	1.6	3.0	3.6
<b>Residents confined to chairs.</b>	21	34.4	58.6	39.1
<b>Residents requiring restraints.</b>	33	54.1	48.8	31.7
<b>Confused or disoriented residents.</b>	61	100	68.5	55.8
<b>Residents with bed sores.</b>	3	4.9	8.4	4.7
<b>Residents receiving special skin care.</b>	23	37.7	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE NEHALEM VALLEY CARE CENTER

<b>Street Address:</b> 278 ROWE STREET		<b>City and State:</b> WHEELER OR 97147	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 66	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 03/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 48	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 30	
--	---------------------------------	----------------------------------	--

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	46	95.8	88.9	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	45	93.8	88.4	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	41	85.4	80.6	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	81.3	77.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	42	87.5	76.3	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	14	29.2	35.8	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.6
<b>Residents confined to chairs.</b>	32	66.7	58.6	39.1
<b>Residents requiring restraints.</b>	27	56.3	48.8	31.7
<b>Confused or disoriented residents.</b>	33	68.8	68.5	55.8
<b>Residents with bed sores.</b>	0	0.0	8.4	4.7
<b>Residents receiving special skin care.</b>	0	0.0	39.0	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE FRENCH PRAIRIE CARE CENTER**

<b>Street Address:</b>		<b>City and State:</b>	
601 EVERGREEN RD		WOODBURN OR 97071	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	80	NON-PROFIT PRIVATE	08/14/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
77	3	33	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	65	84.4	89.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	89.6	89.0	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	69	89.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	80.5	87.1	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	58	75.3	78.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	58.4	44.0	37.7
<b>Completely bedfast residents.</b>	6	7.8	4.9	3.4
<b>Residents confined to chairs.</b>	0	0.0	60.1	50.8
<b>Residents requiring restraints.</b>	47	61.0	52.3	41.3
<b>Confused or disoriented residents.</b>	42	54.5	62.2	58.4
<b>Residents with bed sores.</b>	6	7.8	8.5	7.1
<b>Residents receiving special skin care.</b>	6	7.8	33.5	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	4.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	2.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	28	39.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.8	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	12.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	44	62.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	22	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	26.8	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	12.7	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	4.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	26.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	18	25.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	9.9	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	7.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	16.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	7.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	20	28.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	14.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	13	18.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	22.5	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	18	25.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	14.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	46	64.8	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TLC 1 WOODBURN CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
540 SETTLEMEIER ST		WOODBURN OR 97071	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	02/22/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
47	0	47			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	39	83.0	88.9	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	42	89.4	88.4	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	36	76.6	80.6	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	63.8	77.8	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	26	55.3	76.3	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	10	21.3	35.8	29.3	
Completely bedfast residents.	1	2.1	3.0	3.6	
Residents confined to chairs.	24	51.1	58.6	39.1	
Residents requiring restraints.	21	44.7	48.8	31.7	
Confused or disoriented residents.	24	51.1	68.5	55.8	
Residents with bed sores.	0	0.0	8.4	4.7	
Residents receiving special skin care.	6	12.8	39.0	24.0	

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	2.9	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	4.9	198	3.6
Each resident is free from mental and physical abuse.	MET	1	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	10.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	36	35.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	14	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	65	63.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	30	29.4	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	6	5.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	22.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	8	7.8	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	38	37.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	11.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	24	23.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	9.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	11.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	20	19.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	12.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	35.3	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	29.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	57	55.9	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.







[illegible]

HIGHSMITH 45-220



REF

HD 7102 .U5N76 1987/88  
Oregon

Medicare/Medicaid nursing home  
information.

DATE

ISSUED TO

REF

HD 7102 .U5N76 1987/88  
Oregon

Medicare/Medicaid nursing home  
information.

CMS LIBRARY



3 8095 00015915 8